



Employee Equal Opportunities Monitoring

Manuel Divine Care Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

Manuel Divine Care Ltd needs your help and co-operation to enable us to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly confidential' to Mrs Nyarai Muchenje, Manuel Divine Care Ltd, Office 36 Titan House, Central Arcade, Cleckheaton, West Yorkshire, BD19 5DN

Personal Information	
Name	
Work Location	
Date of birth	

Marital Status			
Are you married or in a civil partnership?			
Yes		No	
		Prefer not to say	

Gender	
Male	Female
Intersex	Non-binary
Prefer not to say	I prefer to use my own term (please specify below)

What is your sexual orientation?	
Heterosexual	Gay
Lesbian	Bisexual
Prefer not to say	I prefer to use my own term (please specify below)

Religion/Belief	
Christian	Jewish
Muslim	Agnostic
Atheist	Hindu
Sikh	Undisclosed
Other	

Ethnicity	
Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality.	
White – British (Eng/ Welsh/ Scot/ Northern Irish)	Asian/ Asian British - Bangladeshi
White - Irish	Asian/ Asian British - Chinese
Gypsy or Irish Traveller	Asian/ Asian British – Any other mixed
White – Any other white background	Black - African
Mixed – White and Black Caribbean	Black - Caribbean
Mixed – White and Black African	Black - Any other Black background
Mixed – White and Asian	Arab
Mixed – Any other mixed	Any other ethnic group
Asian/ Asian British - Pakistani	

Disability	
You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.	
Based on this definition, do you consider yourself to have a disability? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	
If YES, please state the nature of your disability:	
Visual Impairment	Moderate learning difficulty
Hearing impairment	Severe learning difficulty
Disability affecting mobility	Dyslexia
Other physical disability	Dyscalculia
Other medical condition (eg. epilepsy, diabetes)	Other specific learning difficulty
Emotional/ behavioural difficulties	Autism spectrum disorder
Mental health difficulties	Multiple learning difficulties
Temporary disability after illness or accident	Any other ethnic group
Profound complex disabilities	Other
Aspergers syndrome	Information not provided
Multiple disabilities	