Equality Monitoring Form

We recognise that you may be wary about giving us personal information and concerned about the use we make of it and how well we protect it. You may also feel that some of the questions on the monitoring form are intrusive.

However, it’s important for us to collect this information and we very much hope you will feel able to complete this form.

Why do we need this information? NICE’s guidance and other quality improvement products aim to help NHS, social care and other planners and practitioners to give all sections of their communities an equal opportunity to benefit from health and social care services. We also believe it’s important that our committees reflect the diversity of the population. Not only is it right in principle, but it also means they can draw on a broader range of knowledge, experience and insight, and so produce better guidance.

We try to encourage people with the right qualifications and experience from all parts of the population to join our committees. Collecting this information helps us see which groups are underrepresented on our committees and consider how we could raise awareness of upcoming committee vacancies, for example through using social media and engaging with voluntary and community groups.

NICE is legally required to avoid unlawful discrimination and to consider how to advance equality. Monitoring the impact of our recruitment policies is essential to meeting these duties.

The information you provide will only be used for these purposes. We do not use it in the selection process, and the shortlisting and interview panel do not see it. We detach the equalities monitoring information from your application form. The anonymised information is presented in our [annual equalities report](https://www.nice.org.uk/about/who-we-are/policies-and-procedures/nice-equality-scheme) in accordance with equalities legislation.

For more information about how we process your personal data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice).

# EQUALITY MONITORING INFORMATION

**This form will be detached from your application form and the anonymised information will be used for monitoring purposes only.**

# Which category of advisory body membership are you applying for?

[ ]  Lay member (patient, service user, care or community member)

[ ]  Health or public health professional

[ ]  Social care practitioner, care worker, provider or other professional

[ ]  Technical expert

[ ]  Commissioner

[ ]  Local authority elected member

[ ]  Other professional - please specify:………………….

# Age

[ ]  18 - 35

[ ]  36 - 50

[ ]  51 - 65

[ ]  Over 65

[ ]  I do not wish to disclose this

# Gender

[ ]  Male

[ ]  Female

[ ]  Prefer to self-describe:………..

[ ]  I do not wish to disclose this

# What is your ethnic group? Please choose one option that best describes your ethnic group or background:

## Asian/Asian British

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian background, please describe……………

## Black/African/ Caribbean/Black British

[ ]  African

[ ]  Caribbean

[ ]  Any other Black/African/ Caribbean background, please describe……………

## Mixed/Multiple ethnic groups

[ ]  White & Black Caribbean

[ ]  White & Black African

[ ]  White & Asian

[ ]  Any other Mixed/Multiple ethnic background, please describe……………

## White

[ ] English, Welsh, Scottish, Northern Irish, British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Any other White background, please describe……………

## Other ethnic group

[ ]  Arab

[ ]  Any other ethnic group, please describe……………..

[ ]  I do not wish to disclose this

# What is your religion?

[ ]  No religion

[ ]  Buddhism

[ ]  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

[ ]  Hindu[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  Any other religion, please describe…………… [ ]  I do not wish to disclose this

# Sexual identity: which of the following options best describes how you think of yourself?

[ ]  Heterosexual or straight

[ ]  Gay or lesbian

[ ]  Bisexual

[ ] Other

[ ]  I do not wish to disclose this

# Do you consider yourself to have a disability?

[ ]  Yes

[ ]  No[ ]  I do not wish to disclose this