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**Diversity Monitoring Form**

**Post Applied for:**

**Date:**

1. Which of the following best describes your gender? Choose an item.
2. Do you consider yourself to be a trans person? Choose an item.
3. What is your date of birth?Click or tap to enter a date.
4. Do you consider yourself to have a disability? Choose an item.
5. What is your ethnic group? Choose an item.
6. What, if any, religion, religious denomination or religious body do you belong to? Choose an item.
7. How would you describe your sexual orientation? Choose an item.