**Tomorrow’s Strategic Leader Development Programme**

**Diversity monitoring/equal opportunities questionnaire**

Please note that responses to these questions will not be used in the assessment of applications and is completing the form is optional.

The Faculty of Medical Leadership and Management are committed to treating all applicants to this programme fairly and responsibly. To this end, we will constantly monitor and review our recruitment process to ensure they adhere to this commitment; and to ensure that no one is disadvantaged at any stage of a recruitment exercise.

The aim is to promote equality of opportunity whereby no applicant is discriminated against. We welcome applications from all sections of the medical community.

**How you can help us**

To help us do this we would like some information from you. Please fill in the below questionnaire. The information you give us is treated as confidential and will be held separately from your application. Once the recruitment exercise has been completed, the questionnaires will be analysed and the data for the successful applicant(s) will be transferred to the FMLM’s database. Access to this information is limited to designated FMLM staff, who follow strict protocols in line with the requirements of the Data Protection Act.

**Ethnicity:**

|  |  |  |  |
| --- | --- | --- | --- |
| White - Welsh |  | Asian – Asian British – Indian |  |
| White - English |  | Asian – Asian British – Pakistani |  |
| White - Scottish |  | Asian – Asian British – Bangladeshi |  |
| White - Northern Irish |  | Asian – Asian British – Chinese |  |
| White - British |  | Asian – Asian British - Other |  |
| White - Irish |  | Black |  |
| White - Other |  | Black – African |  |
| Mixed – White and Caribbean |  | Black – Caribbean |  |
| Mixed – White and Black African |  | Black – British |  |
| Mixed – White and Asian |  | Black – Other |  |
| Mixed – Other |  | Arab |  |
|  |  | Other |  |

**Gender:**

Female [ ]

Male [ ]

Transgender [ ]

|  |  |
| --- | --- |
| **Nationality:** |  |

**Disability:**

Do you consider that you have a disability? ‘A physical, sensory, or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’ (defined by the ‘Disability Discrimination Act 1995’.)

Yes [ ]

No [ ]

If you have ticked ‘Yes’ please provide more information about your disability.

Please note: once you have submitted your form you will not be able to make changes.