Supreme Sanitary Pads is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. Your cooperation in providing us with accurate data will ensure that we, not only meet our legal obligations, but even more importantly will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce.

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

You are under no obligation to complete this form if you do not feel comfortable in doing so. If you are happy to provide the information requested in the form, please complete (using Microsoft word, or by printing, filling in by hand and scanning), and email it with the rest of your application.

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| **AGE** |
| ☐ 16-24 | ☐ 25-29 | ☐ 30-34 | ☐ 35-39 | ☐ 40-44 | ☐ 45-49 | ☐ 50-54 |
| ☐ 55-59 | ☐ 60-64 | ☐ 65+ | ☐ Prefer not to say |  |  |
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| **GENDER** |
| ☐ Male | ☐ Female | ☐ Non Binary | ☐ Prefer not to say |
| If you prefer to use your own term, please write/type it here  |   |   |
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| **ETHNICITY***Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality.* |
| **Asian** | **African** | **Mixed** |
| ☐ Bangladeshi☐ Indian | ☐ Chinese☐ Pakistani | ☐ Malawian☐ Tanzanian☐ Kenyan | ☐ South African☐ Zambian☐ Mozambican | ☐ White and Black Caribbean☐ White and Black African☐ White and Asian |
| ☐ Any other Asian background (please write/type in) | ☐ Any other African background (please write/type in) | ☐ Any other mixed background  (please write/type in) |
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| **Other Ethnic Group** | **White** |  |
| ☐ Arab☐ Caribbean | ☐ UK☐ American☐ Dutch | ☐ Italian☐ Irish☐ German | ☐ Prefer not to say |
| ☐ Any other ethnic group  (please write/type in) | ☐ Any other White background (please write/type in) |  |
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| **MARRIAGE/CIVIL PARTNERSHIP STATUS***Are you married or in a civil partnership?* |
| ☐ Yes | ☐ No | ☐ Prefer not to say |
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| **PREGNANCY AND MATERNITY***As a woman, are you pregnant, on maternity leave or returning from maternity leave?* |
| ☐ Yes | ☐ No | ☐ Prefer not to say | ☐ Not applicable |
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| **FAITH/RELIGION/BELIEF***Which group below do you most identify with?* |
| ☐ Buddhist | ☐ Christian | ☐ Church of Scotland | ☐ Hindu | ☐ Jewish | ☐ Muslim | ☐ Sikh |
| ☐ No religion | ☐ Prefer not to say | ☐ Other (please write/type in) |  |  |
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| **DISABILITY***Do you consider yourself to have a disability?* |
| ☐ Yes | ☐ No | ☐ Prefer not to say |
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| **CARING RESPONSIBLITIES***Do you have caring responsibilities? If yes, please tick all that apply?* |
| ☐ Primary carer of a child/children (under 18) | ☐ Primary carer of a disabled child/children  |
| ☐ Primary carer of disabled adult (18 and over)  | ☐ Primary carer of older person (65 and over) |
| ☐ Secondary carer (another person carries out the main caring role) |
| ☐ None | ☐ Prefer not to say |   |

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| **WORKING PATTERN***What is your current working pattern?* |
| ☐ Full time | ☐ Part Time | ☐ Prefer not to say |
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| **FLEXIBLE WORKING***What is your current flexible working arrangement?* |
| ☐ Annualised hours☐ Homeworking | ☐ Compressed hours☐ Job share | ☐ Flexible shifts☐ Staggered hours | ☐ Flexi time☐ Term-time hours |
| ☐ None | ☐ Prefer not to say | ☐ Other (please write/type in) |  |  |
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