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| --- | --- |
| **Role applied for:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |

The information that you share on this form will remain confidential in line with George House Trust’s Privacy Policy and will only ever be used in an anonymised way. The aggregated data will be used in internal reporting to staff, the Board of Trustees and Members to track progress against the diversity objectives and to improve our reach. The anonymised aggregated data will also be used in external communications and funder reports.

The form uses drop-down lists for you to choose your information and/or a ‘free form text box’ or a check box. If a specific element of your identity is not included in a list, or you identify differently to the information provided in the list, please feel free to add where it’s relevant in the space provided.

|  |  |
| --- | --- |
| **Age:** | Choose an item. |

|  |  |
| --- | --- |
| **Gender:** | Choose an item. |
| Gender (add if not listed): | Click or tap here to enter text. |

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| **Is your gender identity the same as assigned at birth?** | Choose an item. |
|

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| --- | --- | --- |
| **Ethnicity[[1]](#footnote-1):** | | If other, please state: |
| Asian/Asian British | Choose an item. | Click or tap here to enter text. |
| Black/African/Caribbean/Black British | Choose an item. | Click or tap here to enter text. |
| Mixed//Multiple Ethnic Groups | Choose an item. | Click or tap here to enter text. |
| White | Choose an item. | Click or tap here to enter text. |
| Ethnicity (add if not listed): | Click or tap here to enter text. | |

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| **Sexual orientation:** | Choose an item. |
| Sexual orientation (add if not listed): | Click or tap here to enter text. |

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| **Do you consider yourself to be a disabled person?** | | | Choose an item. | |
| What type of disability(ies) do you have? | | | | |
| Visual impairment |  | Hearing impairment | |  |
| Mobility impairment or physical disability |  | Learning or cognitive impairment | |  |
| Long term health condition |  | Other disability | |  |
| Disability (add if not listed above): | | Click or tap here to enter text. | | |

|  |  |
| --- | --- |
| **Religion or belief (including no belief):** | Choose an item. |
| Religion (add if not listed above): | Click or tap here to enter text. |

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| **Are you a carer:** | Choose an item. |

|  |  |
| --- | --- |
| **Current Employment Status:** | Choose an item. |

Please complete this form and email to [recruitment@ght.org.uk](mailto:recruitment@ght.org.uk) with your application.

1. <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups#how-the-groups-were-chosen> [↑](#footnote-ref-1)