

Dear Applicant

DIVERSITY IN PUBLIC APPOINTMENTS

As a public body the Forestry Commission is required to collect and publish information on the ethnicity and disability status of its employees. As part of this process we have extended this to include other groups, such as Regional Advisory Committees, in our monitoring process.

We also want to ensure the Forestry Commission is as representative as it can be of the diverse communities we serve. This means we want to encourage applications from all sections of the community.

I would therefore be grateful if you could please complete the enclosed Equality and Diversity Monitoring questionnaire and return it to me with your application form. All information collected will be held in an aggregated form and not attributable on an individual basis.

Furthermore, the information provided in this form will **not** be disclosed to the people who will be involved in making a decision on your application.

I should add that you are under no obligation to complete this form but it would help us meet our objectives if you did.

Yours sincerely,

James Mowatt
Secretariat



Forestry Commission

Equality and Diversity Monitoring

1. Ethnic origin – Please indicate the ethnic group with which you most identify

a) Asian or Asian British

Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Other Asian:	

b) Black or Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Other Black:	

c) Chinese or Chinese British

Chinese	<input type="checkbox"/>
Other Chinese:	

d) Mixed Ethnic background

Asian/White	<input type="checkbox"/>
Black African/White	<input type="checkbox"/>
Black Caribbean/White	<input type="checkbox"/>
Other mixed background:	

e) White

English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other White background:	

f) Any other ethnic background

Please specify:

2. Gender – Please indicate your gender

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------

3. Trans-gender

Do you currently or have you previously considered yourself as trans-gender?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

4. Sexual orientation – Please indicate which sexual orientation you identify as

Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
----------	--------------------------	-----	--------------------------	--------------	--------------------------	---------	--------------------------

Please turn over

Thank you for completing this form. Please return it to us along with your application form

5. Disability

The Disability Discrimination Act 1995 defines disability as any long-term illness, health problem or disability which limits your daily activities or the work you can do.

Yes

No

Do you consider yourself to be a disabled person?

If you have answered YES to the above question, can you tell us if you have any of the following conditions, which have lasted, or are expected to last, at least 12 months?

Please tick

Please tick all the boxes that apply.

Deafness or severe hearing impairment	<input type="checkbox"/>
Blindness or severe vision impairment	<input type="checkbox"/>
A physical disability (<i>a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, lifting or carrying</i>)	<input type="checkbox"/>
A learning disability	<input type="checkbox"/>
A mental health condition	<input type="checkbox"/>
A chronic illness (<i>such as cancer, HIV, diabetes, heart disease or epilepsy</i>)	<input type="checkbox"/>

I do not wish to disclose whether or not I have a disability, or, if I have stated above that I consider myself to be a disabled person, I do not want to disclose the nature of my disability.

6. Religion or Belief – Please indicate your religion or belief

Atheism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>	No religion	<input type="checkbox"/>

Other, please state - _____

I do not wish to disclose my religion or belief

7. Age – Please indicate which age bracket you fall within

16-24

25-34

35-44

45-54

55-64

65+