

# Equality monitoring form

**Completion of this form is voluntary. You are not obliged to answer all or any of the questions.**

**If you are willing, please send it in at the same time as your application. It will be stored separately and anonymously.**

Health and Care Research Wales awards and grants are awarded after a fair and open process, based on merit in accordance with our published criteria. By completing this monitoring form, you will be helping us meet our public sector equality duty under section 149 of the Equality Act 2012 and section 75 of the Northern Ireland Act 1998.

Your personal data will always be treated in confidence and when anonymised with data from other applicants will help us monitor the diversity of the field of applicants, and the success rate of applications by protected characteristic. The summary data may be published by Health and Care Research Wales in a report. We will always ensure that it is not possible to identify individuals from the summary data.

Your responses to questions regarding your gender, if you are disabled, your ethnic group, sexual orientation, your religion or belief, your age and caring responsibilities will never be made available to the panel considering your application.

**The only exception to this is if you have explicitly contacted us via** [**healthandcareresearchgrants@gov.wales**](mailto:healthandcareresearchgrants@gov.wales) **in order to discuss reasonable adjustments to the application process.**

For full information about how we handle your data please see our [Privacy Notice](https://gov.wales/privacy-notice-welsh-government-grants).

This data is collected and held on the basis that you consented to provide this information to departments alongside your application and you have not given notice that you do not wish for your data to be processed for this purpose.

This data may be held for up to five years by Welsh Government on behalf of Health and Care Research Wales, who are controllers of the data.

**1) What is your date of birth?** (dd / mm / yyyy)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**2) How would you describe your national identity?** Tick all that apply.

Welsh

English

Scottish

Northern Irish

British

Other, write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3) What is your ethnic group?** Choose **one** section from A to E then **tick one box** to describe your ethnic group or background.

A White

Welsh, English, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B Mixed / multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple background, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D Black / African / Caribbean / Black British

Caribbean

African background, write in below

Any other Black, Black British or Caribbean background, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Other ethnic group

Arab

Any other ethnic group, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4) What is your religion?**

No religion

Christian (all denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5) Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?**

Yes

No (go to 7)

**6) Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?**

Yes, a lot

Yes, a little

Not at all

**7) Do you care for children, or give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?** Exclude anything you do as part of your employment

No

Yes, 9 hours a week or less

Yes, 10 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 or more hours a week

**8) Have you had a career break in the last five years due to disability or to caring responsibilities?**

Yes, write in number of years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

**9) What is your sex?**

Male

Female

Other

**10) Is the gender you identify with the same as your sex registered at birth?**

Yes

No, write in gender identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11) Which of the following best describes your sexual orientation?**

Straight / heterosexual

Gay or lesbian

Bisexual

Other sexual orientation, write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_