

Equality, Diversity and Inclusion (EDI) Monitoring Form

More about you

The GOC is committed to treating everyone fairly, regardless of age, disability, gender reassignment, ethnicity, religion or belief, gender, sexual orientation, marriage and civil partnership, pregnancy and maternity. Completing this form is voluntary – it will help us to measure the impact of our processes, practices and culture. You also have the option to skip questions with 'prefer not to say'. For more information about why we do this and what we hope to achieve, please see our Approach to EDI monitoring statement.¹

Information provided will be treated in the strictest confidence and in line with the relevant data protection legislation, stored securely on our system and will be only used for monitoring purposes, including publication in our annual monitoring report. No information in this section will be published in any way which allows any individuals to be identified.

Name:**GOC Number (if applicable):**

Gender

☐ Female ☐ Male ☐ Prefer not to say

Date of Birth (dd/mm/yyyy)

/ /

Sexual orientation

☐ Bisexual ☐ Heterosexual/Straight ☐ Gay/Lesbian/Homosexual
☐ Other ☐ Prefer not to say

Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities.

Do you consider yourself to have a disability?

☐ Yes ☐ No ☐ Prefer not to say

Gender Identity

My gender identity is different from the gender I was assigned at birth:

☐ Yes ☐ No ☐ Prefer not to say

Pregnancy/Maternity

Are you pregnant, on maternity leave, or returning from maternity leave?

☐ Yes ☐ No ☐ Prefer not to say

¹ https://www.optical.org/en/about_us/equality-and-diversity.cfm

Ethnicity

White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background – please specify:	Mixed / multiple ethnic groups <input type="checkbox"/> White and Asian / British <input type="checkbox"/> White and Black Caribbean / British <input type="checkbox"/> White and Black African / British <input type="checkbox"/> Any other mixed / multiple ethnic background – please specify:
Asian / Asian British <input type="checkbox"/> Indian / Indian British <input type="checkbox"/> Pakistani / Pakistani British <input type="checkbox"/> Bangladeshi / Bangladeshi British <input type="checkbox"/> Chinese / Chinese British <input type="checkbox"/> Any other Asian background – please specify:	Black / Black British <input type="checkbox"/> African / African British <input type="checkbox"/> Caribbean / Caribbean British <input type="checkbox"/> Any other Black background – please specify:
Other ethnic group <input type="checkbox"/> Arab / Arab British <input type="checkbox"/> Any other ethnic group – please specify:	<input type="checkbox"/> Prefer not to say

Marital status

- | | | |
|--|---|--|
| <input type="checkbox"/> Civil partnership | <input type="checkbox"/> Divorced/legally dissolved | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Single | <input type="checkbox"/> Not stated | <input type="checkbox"/> Prefer not to say |

Carer Responsibilities

Do you perform the role of a carer?

- ☐
- Yes
- ☐
- No
- ☐
- Prefer not to say

Religion/Belief

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh | | |
| <input type="checkbox"/> Any other religion / faith – please specify _____ | | |
| <input type="checkbox"/> Prefer not to say | | |

Many thanks for completing this confidential monitoring form.