**HTA Diversity Monitoring Application Form**

Details in this application form are for the purpose of monitoring the diversity of applicants and for assessing the effectiveness of the HTA’s equal opportunities policy and our commitment to improving diversity and inclusion within the horticultural industry.

The information provided will be held and processed by the HR department for statistical purposes only and will not be shared with the hiring manager. Diversity information is defined by the Data Protection Act 2018 as ‘sensitive’. It is not mandatory to provide ‘sensitive’ information, but should you do so it will not affect your application in any way.

**Personal details**

|  |  |
| --- | --- |
| Position applied for: |  |
| Full name: |  |
| Current address: |  |
| Email address: |  |
| Telephone: |  |
| National Insurance number: |  |

**Gender Identity**

|  |  |  |
| --- | --- | --- |
| What is your gender identity? (please tick appropriate box) | 🞎 Male (including trans male)🞎 Female (including trans female) | 🞎 Non binary🞎 Other |
| If other, please specify |  |
| Is your gender identity the same as assigned to you at birth? | 🞎 Yes🞎 No🞎 Prefer not to say |

**Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your age?(please tick the appropriate Box) | 🞎 16-24 | 🞎 25 - 29 | 🞎 30 – 34  | 🞎 35 - 39 |
| 🞎 40 - 44 | 🞎 45 - 49 | 🞎 50 - 54 | 🞎 55 – 59 |
| 🞎 60 - 64 | 🞎 65+ |  |

**Marital Status**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🞎Single | 🞎Co-habiting | 🞎Married | 🞎 Civil Partnership | 🞎Widowed | 🞎Divorced | 🞎 Dissolved civil partnership |

**Ethnic group**

|  |
| --- |
| Which category best describes your ethnicity? Please tick the appropriate box |
| White | 🞎 British | Black or Black British | 🞎 Caribbean |
| 🞎 Irish | 🞎 African |
| 🞎 Other white background | 🞎 Other black background |
| Mixed | 🞎 White & Black Caribbean | Asian or Asian British | 🞎 Indian |
| 🞎 White & Black African | 🞎 Pakistani |
| 🞎 White & Asian | 🞎 Bangladeshi |
| 🞎 Other mixed background | 🞎 Other Asian background |
| Chinese | 🞎 | Prefer not to say | 🞎 |
| Other ethnic group, please specify:  |

**Disability**

|  |
| --- |
| Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long term adverse effect on your ability to carry out one or more day to day activities? |
| 🞎 Yes | 🞎 No | 🞎 Prefer not to say |
| If yes, please indicate the nature of your disability: - |
| 🞎 Mobility/manual dexterity | 🞎 Mental health / cognitive impairment |
| 🞎 Visual impairment | 🞎 Dyslexia |
| 🞎 Hearing impairment | 🞎 Other |
| If other, please give further information: |
| Please advise of any reasonable adjustments you require for the purposes of the recruitment exercise: |

**Sexual Orientation**

|  |
| --- |
| Which of the following options best describes your sexual orientation? |
| 🞎 Heterosexual | 🞎 Bi-sexual | 🞎 Questioning/unsure | 🞎 Asexual |
| 🞎 Gay | 🞎 Lesbian | 🞎 Prefer not to say | 🞎 Other |
| If Other, please specify: |

**Religion or Belief**

|  |
| --- |
| Which category best describes your religion or belief? |
| 🞎 Atheist | 🞎 Buddhist | 🞎 Christian | 🞎 Hindu | 🞎 No religion |
| 🞎 Judaism | 🞎 Muslim | 🞎 Other | 🞎 Sikh | 🞎 Prefer not to say |
| If Other, please specify: |

**Caring responsibilities**

|  |
| --- |
| Do you currently have caring responsibilities? |
| 🞎 Yes | 🞎 No | 🞎 Prefer not to say |
| If yes, please indicate the nature of your main caring responsibilities: - |
| 🞎 Child or minor dependent | 🞎 Partner – marriage/civil |
| 🞎 Partner - Other | 🞎 Parent |
| 🞎 Sibling/brother or sister | 🞎 Other |
| If Other, please specify: |

Thank you for assisting us by completing the questionnaire.