



<b>METROPOLITAN POLICE AUTHORITY</b> Diversity Monitoring Questionnaire
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**Metropolitan Police Authority**

*Please note - completion of all or any parts of this form are optional.*

*The information will be used for monitoring purposes only.*

**Post:**

Surname:	Name:	Date of Birth:	Age:
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**What is your gender?**

Please tick appropriate box      Male       Female

Trans Male       Trans Female

Other (please specify)

**What is your sexuality?**

Please tick appropriate box      Bisexual       Gay

Heterosexual       Lesbian

**Would you describe yourself as having a disability?**

Yes       No

Under the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes, epilepsy.

**What is your faith or religion?**

Buddhism       Christian

Hinduism       Islam

Judaism       Sikhism

None at all

Other (please specify)

**What is your ethnic group?**

Choose ONE section from A to E, then tick appropriate box to indicate your cultural background

**A. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**Bangladeshi Indian Pakistani Any other Asian background , please write in **B. Black, Black British, Black English, Black Scottish, Black Welsh**African Caribbean Any other Black background, please write in **C. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group**Chinese Any other Background, please write in **D. Mixed**White & Black Caribbean White & Black African Any other Mixed background Other, please write in: **E. White**British English Irish Scottish Welsh Any other white background, please write in: