# Equality Monitoring Form

UK Mindfulness Centres Collaboration

Mindfulness-Based Cognitive Therapy (MBCT) Teacher Training for NHS Talking Therapies (formerly IAPT) Services

2024-2025



## Why we are asking for this information

We are committed to promoting equality of opportunity in the MBCT teacher community. The information will be used to provide a demographic profile of applicants to the training programme so that we can ensure our selection processes are fair and non-discriminatory. You have a right not to disclose the information.

## Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of trainees in the training programme, but no information will be published or used in any way that allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

If you would like the form in an alternative format, or would like help in completing the form, please contact us using the details provided in the Application Information Pack.

## Please select the boxes which are relevant to you

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | **Black/African/Caribbean/ Black British** | **Other ethnic group** |
| [ ] Indian[ ] Pakistani[ ] Bangladeshi[ ] Chinese[ ] Any other Asian background | [ ] Caribbean[ ] African[ ] Any other Black/African/Caribbean background  | [ ] Arab[ ] Any other ethnic group  |
| **Mixed/multiple ethnic groups** | **White** | **Prefer not to say** |
| [ ] White and Black Caribbean[ ] White and Black African[ ] White and Asian[ ] Any other mixed/multiple ethnic background  | [ ] English[ ] Northern Irish[ ] Scottish[ ] Welsh[ ] British[ ] Irish[ ] Gypsy/Irish traveller[ ] Any other White background | [ ] Prefer not to say |
| **Age** |  |  |  |
| [ ]  18 - 24 |  |  |  |
| [ ]  25 - 34 |  |  |  |
| [ ]  35 - 44 |  |  |  |
| [ ]  45 - 54 |  |  |  |
| [ ]  55 - 64 |  |  |  |
| [ ]  65+ |  |  |  |
| [ ]  Prefer not to say |  |  |  |
|  |  |  |  |

**Gender**

[ ]  Female

[ ]  Male

[ ]  I identify as another term (please provide details) …………………..………………....

[ ]  Prefer not to say

Do you identify as transgender?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

**Sexual Orientation**

[ ]  Gay man

[ ]  Gay woman/ Lesbian

[ ]  Heterosexual

[ ]  Bisexual

[ ]  I identify as another term (please provide details) ………………………………...…..

[ ]  Prefer not to say

|  |
| --- |
| **Religion / belief** |
| [ ]  No religion |
| [ ]  Buddhist |
| [ ]  Christian |
| [ ]  Hindu |
| [ ]  Jewish |
| [ ]  Muslim |
| [ ]  Sikh |
| [ ]  Atheist |
| [ ]  Any other religion  |
| [ ]  Prefer not to say  |

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| --- |
| **Disability**The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one’s ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the above definition? |
| [ ]  Yes, limited a lot | [ ]  Yes, limited a little | [ ]  No | [ ]  Prefer not to say |
| If you selected yes, please indicate your disability: |
| [ ]  Vision (e.g. blindness or partial sight) |
| [ ]  Hearing (e.g. deafness or partial hearing) |
| [ ]  Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying) |
| [ ]  Learning, concentrating or remembering |
| [ ]  Mental health |
| [ ]  Stamina or breathing difficulty |
| [ ]  Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome) |
| [ ]  Other impairment |
| [ ]  Prefer not to say |

|  |
| --- |
| **Carer responsibility**Do you look after, or give any help or support to family members, friends, neighbours or others because of either:* Long-term physical or mental ill-health / disability
* Problems related to old age

[ ]  Yes[ ]  No[ ]  Rather not say |
| If you selected yes, please indicate your caring responsibility (select all that apply) |
| [ ]  Primary carer of a child/children (under 18) |
| [ ]  Primary carer of disabled child/children |
| [ ]  Primary carer of disabled adult (18 and over) |
| [ ]  Primary carer of older person (65+) |
| [ ]  Prefer not to say |