



DIVERSITY MONITORING FORM

The MHRA is required to collect diversity information of candidates applying for positions within the committees. Please complete as much of the information in the form as possible. The questions are voluntary but fully completed forms will allow us to ensure fair and equal recruitment of members and allow us to monitor recruitment more effectively. Your answers will be treated confidentially and are not used at any stage in the assessment and selection process. This will not be seen by the panel assessing your application.

Please contact ECSRecruitment@mhra.gov.uk or 0203 080 6060 if you require any additional information including the need for an accessible format where possible.

Section 1. Personal details

Title		Title other:	
Surname			
Forename			
Email address			

Gender	Male	Female	Prefer not to say
	I prefer to describe myself as:		

Sexual Orientation	Bisexual	Gay/Lesbian	Heterosexual
	Prefer not to say	Other	

Age	18-25	26-35	36-45	46-55	56-65	66+	Prefer not to say

How would you describe your national identity?

English	Irish	Scottish	Welsh
British	Prefer not to say	Other	

Ethnicity

Please describe your ethnicity

White	English	Irish	Other White background	
Black	African	Caribbean	Other Black background	
Asian	Bangladeshi	Chinese	Other Asian background	
	Indian	Pakistani		
Mixed Ethnic	Of more than one ethnicity			
Prefer not to say				

Religion or Belief

Please describe your religion or belief if any;

Buddhist	Christian	Hindu	Jewish
Sikh	Muslim	No religion	Prefer not to say
Other			

Disability

Under the Equality Act 2010 you can consider yourself disabled if you have a physical or mental impairment and the impairment has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

Do you consider yourself to have a disability?

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

If 'Yes', please provide details

If you are disabled and in receipt of benefits you need to be aware that under current regulations, if you are remunerated for an appointment it may affect your entitlement.

The Medicines and Healthcare products Regulatory Agency operates a Guaranteed Interview Scheme (GIS) for those with a disability. If you wish to apply for consideration under the scheme, please complete the GIS form and send it with your application. A copy of the form can be obtained by contacting ECSRecruitment@mhra.gov.uk.

Section 2. Publication of monitoring information

In addition to providing basic appointment information in the announcement, we may also be asked to provide anonymised information – in summary form only, in response to Parliamentary Questions and other public enquiries. In line with Government policy, and in accordance with the provisions of the Data Protection Act, the information you provide will be held confidentially and can only be used if you provide us with your consent. The Data Protection Act requires that those providing this information must be informed and their consent given, even though individuals are not identified.

Do you consent to this information being made publicly available?

Yes, I provide my consent

No, I do not provide my consent

Section 3. Declaration and Signature

I declare that the information supplied in my application, including that referring to conflicts of interest and previous conduct, is complete and correct to the best of my knowledge. I have also read the information pack and can confirm that I am eligible to be considered for appointment to this body. I also certify that I will immediately inform the Medicines and Healthcare products Regulatory Agency of any changes in circumstances that affect the answers I have given.

Print Name

Signature

Date

Thank you for completing this form

This form should be returned with the completed Declaration of Interest, your CV and Application Form to: ECSRecruitment@mhra.gov.uk



Follow us on Twitter @mhragovuk