**About this Survey**

The Society of Radiographers is committed to being an equal opportunity employer. This includes ensuring that no job applicant receives less favourable treatment because of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We are committed to ensuring that we do not discriminate on the basis of a protected characteristic defined in the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We also believe that having staff at all levels from a wide range of backgrounds and skills will help develop a working environment that produces ideas and solutions that might not come from a smaller array of diverse groups.  A diverse workforce can also help us better understand and meet the needs of our diverse group of members.

**The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.** The raw data you provide will be anonymous and will only be visible to HR. The information provided may be used to create a report that explains the diversity of the Society's applicants, which will be designed so as not to identify individual responses.

The more information you provide, the more we can do to encourage equality and diversity.  Each question requires an answer, but you can select ‘Prefer not to say’ if you would rather not share a specific piece of information.

If you have any questions or comments about the survey, please contact ShelleyW@sor.org.

Please send your completed form to Shelleyw@sor.org, or by post marked Private and Confidential to **Shelley Whittington, ER & HR Business Partner, The Society of Radiographers, 207 Providence Square, Mill Street, London, SE1 2EW.**

**Thank you for taking the time to complete this survey.**

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| --- | --- |
| What is the vacancy reference number shown on the job advertisement? |  |
| Where did you see the vacancy advertised? |  |
| **What is your gender identity?** |
| [ ] Prefer not to say |
| [ ] Woman [ ] Man [ ] Other |
| **Are you married or in a civil partnership?** |
| [ ] Prefer not to say |
| [ ] Yes[ ] No |
| **What is your age?** |
| [ ] Prefer not to say |
| [ ] 16-24 [ ] 25-29 [ ] 30-34  | [ ] 35-39 [ ] 40-44[ ] 45-49  | [ ] 50-54[ ] 55-59[ ] 60+ |
| **How would you describe your ethnic origin?****Please specify which group you most identify with. Categories listed alphabetically** |
| [ ]  Prefer not to say |
| **Asian or Asian English / Northern Irish / Scottish / Welsh / European**[ ] Bangladeshi[ ] Indian[ ] Pakistani[ ] Any other Asian background (Specify if you wish)…………………………………………….. |
| **Black or Black English / Northern Irish / Scottish / Welsh / European**[ ] African[ ] Caribbean[ ] Any other black background (specify if you wish)……………………………………………. |
| **Chinese English / Northern Irish / Scottish / Welsh / European**[ ] Any Chinese background (specify if you wish) ………………………………………………... |
| **Mixed Ethnic Background**  |
| [ ] Asian and White[ ] Black African and White[ ] Black Caribbean and White[ ] Any other Mixed Ethnic Background (specify if you wish) …………………………………  |
| White [ ] British (English / Northern Irish / Scottish / Welsh)[ ] Irish (Republic of Ireland)[ ] Other European Country [ ] Any other White (specify if you wish………………………………….) |
| Other Ethnic Group not listed above.[ ] Other Ethnic Group (specify if you wish) ……………………….. |
| **Do you consider yourself to have a disability or health condition?**You will be considered as having a disability if you fit the definition as given in the Equalities Act 2010. In the Act, a disability is a *“physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.* For these purposes, “long-term” is taken to mean the condition is likely to last longer than 12 months or likely to recur. |
| [ ] Prefer not to say |
| [ ] Yes, I consider myself to have a disability[ ] No, I do not have a disability[ ] As far as I am aware, I do not have a disabilityWhat is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify if you wish…………….. |
| **What is your sexual orientation** |
| [ ] Prefer not to say |
| [ ]  Bisexual[ ] Heterosexual [ ] Lesbian [ ] Gay Man[ ] Other (specify if you wish…………………………..) |
| **What is your religion or belief?** |
| [ ] Prefer not to say |
| [ ] Buddhist[ ] Christian [ ] Hindu[ ] Jewish | [ ] Muslim[ ] Sikh[ ] No Religion or belief/atheist[ ] Other |
| **What is your current working pattern?** |
| [ ] Prefer not to say |
| [ ] Full Time [ ] Part time[ ] Condensed Hours |
| **Do you have caring responsibilities?** |
| [ ] Prefer not to say |
| [ ] None[ ] Primary Carer of a child / Children (under 18)[ ] Primary Carer of a disabled child / children[ ] Primary Carer of a disabled adult / 18 and over[ ] Primary Carer of an older person[ ] Secondary Carer (another person carries out the caring role) |
| Data Protection Statement The Society and College of Radiographers uses this information to review compliance with its policies and commitments to equal opportunity in relation to recruitment. We will use this data to inform our statistics on the representation of the categories of individual as shown above. We will treat all personal information in line with current data protection legislation and our data protection policy. For more information on how we use the information you have provided, please see our privacy notice for job applicants, which is provided separately.As this data has been anonymised, it cannot be attributed to you.  |

**Thank you for completing this survey.**