

RESTRICTED

**SOUTH YORKSHIRE MAYORAL COMBINED AUTHORITY  
DIVERSITY MONITORING FORM**

**DECLARATION**

The information requested below is the minimum necessary to enable OPCC to meet their legal obligation to monitor their workforce. The data is necessary to help eliminate unlawful discrimination, promote equality of opportunity and promote good working relations between different groups.

The information **will**:

- be used for monitoring purposes only
- be securely retained by the OPCC
- be processed in accordance with the **Data Protection Act 1998**
- only be processed by a small number of authorised people.

**PERSONAL DETAILS**

<b>GENDER</b>	FEMALE				MALE				
<b>GENDER IDENTITY</b>	Please indicate if you consider yourself to be Transgender. <i>(For monitoring purposes the term Transgender is used to include: Hermaphrodite/Intersex, Transgenderist, Transsexual, Transvestite)</i>							Y	
								N	
<b>MARITAL STATUS</b>	IN CIVIL PARTNERSHIP			CO-HABITING			DIVORCED		
	MARRIED		SEPARATED		SINGLE		WIDOWED		
<b>AGE</b>	16 - 17	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 +		
<b>WORKING PATTERN</b>	FULL - TIME			Part - Time			Job - Share		

**DISABILITY / IMPAIRMENT**

Please indicate below\* if you consider yourself to have a disability within the meaning of the Equality Act 2010?

*NOTE: The Act defines disability as a 'physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities'.*

Should you elect the option 'Prefer not to say', this **will not** be interpreted as being indicative of a disability

*Yes		*No		Prefer not to say	
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