**Equality Monitoring Form**

**As part of our commitment to equality of opportunity, we need to obtain information about the characteristics of our volunteer applicants and volunteers.**

**This information enables us to examine the success rate of candidates for volunteering, training, transfer and promotion.**

**We hope that volunteering applicants will completed this information, which will help us to assess whether the distribution of volunteers in the organisation and the success rate of applicants reflects equal opportunities or reveals possible discrimination.**

**Any information provided will be kept confidential and will only be used for the purposes detailed above – it will not be considered during the volunteer application process.**

**Please double click the box of your choice and select the checked option.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe your gender?**

|  |  |  |
| --- | --- | --- |
| Female | Male | Non-binary |
| Prefer to self-describe as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

**Transgender - is your gender identity different to the sex you were assumed to be at birth?**

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

**Pregnancy and Maternity**

|  |  |
| --- | --- |
| I am pregnant | I have given birth within the last 26 weeks |
| Not applicable | Prefer not to say |

**Please give your date of birth (give the month and year if you prefer). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your sexual orientation?**

|  |  |  |
| --- | --- | --- |
| Bisexual | Heterosexual/straight | Gay woman/Lesbian |
| Gay man |  |  |
| Prefer to self-describe as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

**Do you consider yourself to belong to any religion?**

|  |  |  |
| --- | --- | --- |
| Buddhism | Christianity | Hinduism |
| Islam | Judaism | Sikhism |
| No religion |  |  |
| Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

**What is your ethnic background?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian, or**  **Asian British** | **Black, or**  **Black British** | **Mixed/ multiple**  **Ethnic groups** | **White** | **Other** |
| Chinese | African | Asian & White | British/English/Scottish/  Welsh/Northern Irish | Arab |
| Indian | Caribbean | Black African & White | Gypsy/Traveller | Latin American |
| Pakistani | Black Latin American | Black Caribbean & White | Irish | Turkish |
| Bangladeshi | Other | Other | European | Kurdish |
| Vietnamese |  |  | Other | Other |
| Other |  |  |  |  |
| If any ‘other’ ethnic background, please state here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Prefer not to say | |

**Do you consider yourself to have a disability? Please tick all that apply**

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

|  |  |  |
| --- | --- | --- |
| Long standing illness or health condition e.g. cancer, diabetes, HIV, etc | | |
| Learning disability | Specific learning difficulty (e.g. dyslexia, ADHD, dyspraxia) | Autistic Spectrum conditions |
| Mental Health condition | Brain injury | Neurological disorder |
| Physical or mobility | Hearing | Visual |
| Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

**Do you look after, or give any help or support to a family member, friend or neighbour because of long term illness or disability, mental ill-health or problems related to old age?**

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

**Thank you**