



### Equality and Diversity Monitoring Form

Our organisation aims to provide equal opportunities and fair treatment for all our volunteers and staff. It would help us if you could complete the form and email or post to the address at the end. The information you give us is anonymous and will not be stored alongside any identifying information about you. We hold equality and diversity information in line with the Data Protection Act 1998. By completing this form you help us understand who we are attracting to volunteer with us and to put actions in place to ensure we continue to reflect the makeup and meet the needs of our local community. If you would like the form in an alternative format or would like some help in completing the form, please let us know.

### Ethnicity

Please state what you consider your ethnic origin to be by ticking a box.

<p><b>Asian</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p>	<p><b>Black</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please write in)</p>	<p><b>Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>
<p><b>Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please write in)</p>	<p><b>White</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Any other White background (please write in)</p>	<p><input type="checkbox"/> Rather not say</p>

Age: \_\_\_\_\_  Rather not say

Do you consider yourself to have a disability?

Yes  No  Rather not say

**Gender**

<input type="checkbox"/> Male	<input type="checkbox"/> Rather not say	Transgender
<input type="checkbox"/> Female		<input type="checkbox"/> F to M
		<input type="checkbox"/> M to F

**Faith** : Which group below do you most identify with?

<input type="checkbox"/> No religion	<input type="checkbox"/> Baha'i	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jain
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Other (please write in)	<input type="checkbox"/> Rather not say	

**Sexual orientation**

How would you describe your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Heterosexual or 'straight'
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Transgender	<input type="checkbox"/> Rather not say

Date: \_\_\_\_\_

Thank you for completing this form.