# **Equality and diversity monitoring form**

**Gloucestershire Community Foundations** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce & voluntary board in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this *but filling in this form is voluntary.*

The information you provide will stay confidential and be stored securely and limited to only staff in the organisation’s Human Resources section.

Please return the completed form with your application.

**Gender** Man 🗆 Woman 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here ………………………………………………….

**Are you married or in a civil partnership?** Yes 🗆 No Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in: …………………………………………………………….

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆

Prefer not to say 🗆 Any other mixed background, please write in …………………………………..

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

……………………………………………….….

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Prefer not to say 🗆 Any other ethnic group, please write in: …………………………………………

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

……………………………………………….….

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shift 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in:

……………………………………………….….

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆