

## Equal Opportunities Monitoring Form

### Why do we ask you these questions?

Equality monitoring is the way we collect, store and analyse information about people’s backgrounds. Without equality monitoring we would not know if our equality policies and plans were working. It relates to our trustees, staff, volunteers and service users. It helps us understand how our policies and procedures affect different groups, if we are reaching under-represented groups and if the services we provide are relevant to everyone’s needs. It helps us make sure that everyone is being treated fairly.

Your answers are completely anonymous and confidential. We will only use them to make our services and employment practices better. If you are completing this form as part of your application for a job with Release Counselling & Therapy for Women, please note the following:

- On receipt of your application the monitoring form will be detached and filed separately
- None of the people responsible for shortlisting, interviewing and selection will have sight of your form at any stage
- The data from the monitoring form will be kept in statistical format only. After data has been transcribed and analysed, the forms themselves will be destroyed
- It will not adversely affect your employment prospects if you choose not to complete this form or any part thereof

<b>If applying for a job, what post are you applying for (if applicable)?</b>	
<b>What age are you?</b>	..... years <input type="checkbox"/> Prefer not to say
<b>What gender are you?</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Self-describe ..... <input type="checkbox"/> Prefer not to say
<b>Do you identify as the gender you were assigned at birth?</b> For people who are transgender, the gender they were assigned at birth is <u>not</u> the same as their own sense of their gender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<b>Are your day-to-day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months?</b>	<input type="checkbox"/> Yes a little <input type="checkbox"/> Yes a lot <input type="checkbox"/> No (do not answer the next question) <input type="checkbox"/> Prefer not to say (do not answer the next question)
<b>If you answered ‘yes’, please state the type of disability or impairment. If you have more than one please tick all that apply. If none apply, please mark ‘other’ and write an answer in.</b>	

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Impairment        | <input type="checkbox"/> Long-standing Illness   |
| <input type="checkbox"/> Sensory Impairment         | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Learning Disability        | <input type="checkbox"/> Developmental Condition |
| <input type="checkbox"/> Other (please state) ..... |  |

**How would you describe your ethnicity?**

**White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background (please give details) .....

**Asian or Asian British**

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian background (please give details).....

**Black or Black British**

- African
- Caribbean
- Any other Black, Black British or Caribbean background (please give details) .....

**Mixed or multiple ethnic groups**

- Asian & White
- Black African & White
- Black Caribbean & White
- Any other mixed or multiple ethnic background (please give details) .....

**Other Ethnic Group**

- Arab
- Hispanic
- Latino
- Any other ethnic group (please give details) .....
- Prefer not to say

**Which of the following best describes your sexual orientation?**

- Asexual
- Bisexual
- Heterosexual
- Lesbian/ Gay woman
- Homosexual/Gay man
- Self describe.....
- Unsure
- Prefer not to say

**What is your religion or belief?**

- I have no particular religion
- Atheist
- Agnostic
- Buddhist
- Christian
- Hindu

- Jain
- Jewish
- Muslim
- Sikh
- Pagan

- Other philosophical belief (please state) .....
- Prefer not to say

<p style="text-align: center;"><b>Are you a carer?</b></p> <p>A carer provides unpaid support to family or friends who might be ill, frail, have a disability or mental health or substance misuse problems.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>
<p style="text-align: center;"><b>If yes, do you care for a.....?</b></p>	<p><input type="checkbox"/> Child with additional needs/disability</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Partner / spouse</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Other (please self describe)</p> <p>.....</p>

**Thank you for completing this form – it will help us improve our services for everyone.**