

Equal Opportunities Monitoring Form

We aim to provide equal opportunities and fair treatment for all volunteers. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base.

Ethnicity

Please state what you consider your ethnic origin to be.

<p>Asian</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>Black</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>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group (please write in)</p>
<p>Mixed</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>White</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>

<p>Age: _____</p>	<p><input type="checkbox"/> Rather not say</p>
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Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

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"/> Other	<input type="checkbox"/> Rather not say

Today's date:

Thank you for completing this form, please return this in the SAE provided.