

**EQUALITIES MONITORING INFORMATION FORM**

The completion of this form will assist Voluntary Action Islington to monitor progress in achieving equal opportunities within our organisation. It will also enable us to provide information about the organisation to our funders and others. We will not share personal information provided on this form.

|  |
| --- |
| **Name:**  |

|  |
| --- |
| **Role:** **(**Please tick) Trustee [ ]  Member of staff [ ]  Volunteer [ ]  |

**GENDER IDENTITY:**

Which of the following options best describes how you think of yourself?

|  |  |
| --- | --- |
| Male (including trans male) | [ ]  |
| Female (including trans female) | [ ]  |
| Nonbinary | [ ]  |
| In another way | [ ] Please specify unless you would prefer not to say:  |

Is your gender identity the same as assigned to you at birth?

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

**SEXUAL ORIENTATION:**

Which of the following options best describes your sexual orientation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual | [ ]  | Bi-sexual | [ ]  | Questioning/Unsure | [ ]  | Asexual | [ ]  |
| Gay | [ ]  | Lesbian | [ ]  | Prefer not to say | [ ]  | If other, please specify unless you would prefer not to say:  |

**AGE**

What is your age? Please tick the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16-24 | [ ]  | 25 – 34 | [ ]  | 35-44 | [ ]  |
| 45-54 | [ ]  | 55 - 64 | [ ]  | 65+ | [ ]  |

**ETHNIC GROUP**

Which category best describes your ethnicity? Please tick the appropriate box to indicate your ethic background.

|  |  |  |  |
| --- | --- | --- | --- |
| **White** | British  | [ ]  |  |
| Irish | [ ]  |  |
| Greek/ Greek Cypriot  | [ ]  |  |
| Kurdish | [ ]  |  |
| Turkish | [ ]  |  |
| Cypriot  | [ ]  |  |
| Gypsy or Irish Traveller | [ ]  |  |
| Polish  | [ ]  |  |
| Spanish  | [ ]  |  |
| Roma | [ ]  |  |
| Other White background  | [ ]  | Please specify:  |
| **Mixed** | White & Black Caribbean  | [ ]  |  |
| White & Black African  | [ ]  |  |
| White & Asian | [ ]  |  |
| Other mixed or multiple ethnic background | [ ]  | Please specify:  |
| **Black or Black British** | Caribbean  | [ ]  |  |
| Ghanaian  | [ ]  |  |
| Eritrean | [ ]  |  |
| Somali | [ ]  |  |
| Nigerian  | [ ]  |  |
| Other black background  | [ ]  | Please specify:  |
| **Asian or Asian British** | Indian  | [ ]  |  |
| Pakistani  | [ ]  |  |
| Bangladeshi  | [ ]  |  |
| Chinese  | [ ]  |  |
| Filipino | [ ]  |  |
| Vietnamese  | [ ]  |  |
| Other Asian background | [ ]  | Please specify:  |
| **Arab**  |  | [ ]  |  |
| **Other ethnic group** |  | [ ]  | Please specify:  |

**RELIGION OR BELIEF**

Which category best describes your religion or belief? Please tick the appropriate box.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Atheist  | [ ]  | Buddhist  | [ ]  | Christian  | [ ]  | Hindu | [ ]  | Pagan | [ ]  |
| Judaism | [ ]  | Muslim  | [ ]  | Other  | [ ]  | Sikh  | [ ]  | Rastafarian  | [ ]  |
| If other please specify  |  | No Religion | [ ]  |  |

**MARTIAL STATUS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single  | [ ]  | Married  | [ ]  | Divorced  | [ ]  | Widowed | [ ]  | Civil Partnership  | [ ]  | Dissolved Civil Partnership  | [ ]  |

**DISABILITY**

Do you consider yourself to have a disability or health condition that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?

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

If yes, please indicate the nature of your disability:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility/Manual Dexterity | [ ]  | Mental Health / Cognitive Impairment | [ ]  |
| Visual Impairment | [ ]  | Learning Disability  | [ ]  |
| Hearing Impairment | [ ]  | Other (please specify below) | [ ]  |

If other, please give further information:

|  |
| --- |
|  |

Please advise of any reasonable adjustments you require for the purposes of the recruitment process/exercise:

|  |
| --- |
|  |

**NEURODIVERSITY**

Do you have a neurodiverse condition?

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

If yes, please indicate which of the following conditions applies to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Autism Spectrum Disorder (ASD) [ ]  | Dyslexia [ ]  | Dyscalculia | [ ]  |
| Attention Deficit Hyperactivity Disorder (ADHD) [ ]   | Dyspraxia [ ]  | Tourette’s Syndrome | [ ]  |

If other, please give further information:

|  |
| --- |
|  |

Please advise of any reasonable adjustments you require for the purposes of the recruitment process/exercise:

|  |
| --- |
|  |