**Equalities Monitoring Form**

The No.1 Be-friending Agencywants 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 in encouraging equality and diversity.

The organisation needs your help and cooperation 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 some staff in the organisation’s Human Resources section.

1. **Gender**

Man ☐ Woman ☐ Non-binary ☐ Prefer not to say ☐

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

1. **Are you married or in a civil partnership?**

Yes ☐ No ☐ Prefer not to say ☐

1. **Age**

16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐55-59 ☐ 60-64 ☐ 65☐

Prefer not to say ****

1. **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 ☐

For 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 ☐

For any other Asian background, please write in:

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

African ☐ Caribbean ☐ Prefer not to say ☐

For any other Black/African/Caribbean background, please write in:

***Another ethnic group***

Arab ☐ Prefer not to say ☐

For any other ethnic group, please write in:

1. **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 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.

1. **Sexual orientation**

Heterosexual ☐ Gay woman/lesbian ☐ Gay man☐ Bisexual ☐ Prefer not to say 

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

1. **Religious beliefs**

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Prefer not to say ☐

If other, please write in:

1. **Current working pattern?**

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

1. **Flexible working arrangement**

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐ Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐ Homeworking ☐

Prefer not to say ☐

If other, please write in:

1. **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 main caring role) ☐ Prefer not to say☐

**Please return this form with your Application Form. This Equalities Monitoring Form will be kept separately from your Application Form and used for the purposes of Equalities Monitoring only.**