## **Diversity Monitoring Form**



To ensure that our recruitment process adheres to our Equal Opportunities Policy, all applicants are requested to complete this form. Any information you provide will be treated as strictly confidential and will not be used as part of the short-listing process. Information will be stored in accordance with our Privacy Policy, Data Retention Policy and the General Data Protection Regulations.

Please return the completed form along with your application form to the Operations Manager via email: averil.clother@vwt.org.uk.

<u>Gender</u> Male□ Female□ Intersex□ Non-binary□ Trans□ Prefer not to say□
If you prefer to use your own gender identity, please describe here:
Is the gender you identify with the same as your gender registered at birth? Yes $\Box$ No $\Box$ Prefer not to say $\Box$
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
<i>Asian or Asian British</i> Indian Pakistani Bangladeshi Chinese Prefer not to say Any other Asian background, please give details:
<i>Black, African, Caribbean or Black British</i> African Caribbean Prefer not to say Any other Black, African or Caribbean background, please give details:
<i>Mixed or Multiple ethnic groups</i> White and Black Caribbean D White and Black African White and Asian Prefer not to say Any other Mixed or Multiple ethnic background, please give details:
White         English       Welsh       Scottish       Northern Irish       Irish         British       Gypsy or Irish Traveller       Prefer not to say       Irish         Any other White background, please give details:
<i>Other ethnic group</i> Arab Prefer not to say Any other ethnic group, please describe:

Do you consider yourself to have a disability, learning difference or health condition
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Yes No Prefer not to say

What is the effect or impact of your disability, learning difference or health condition on your work? Please describe 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 🗌 Lesbian 🗌 Bisexual 🗌 Asexual 🗌 Pansexual 🗌
Undecided  Prefer not to say
If you prefer to use your own identity, please describe here:
What is your religion or belief?
No religion or belief 🔲 Buddhist 🗌 Christian 🗌 Hindu 🗌 Jewish 🗌
Muslim $\Box$ Sikh $\Box$ Spiritual $\Box$ Prefer not to say $\Box$ If other religion or belief, please describe:
What is your working pattern?         Full-time       Part-time       Prefer not to say       I
What is your flexible working arrangement, if any?
None $\Box$ Flexi-time $\Box$ Staggered hours $\Box$ Term-time hours $\Box$
Annualised hours $\Box$ Job-share $\Box$ Flexible shifts $\Box$ Compressed hours $\Box$
Homeworking $\Box$ Hybrid working $\Box$ Prefer not to say $\Box$ If other, please give details:
Do you have caring responsibilities? If yes, please tick all that apply
None
Primary carer of a child/children (under 18) $\Box$
Primary carer of disabled child/children $\Box$

Primary carer of disabled adult (18 and over) $\ \square$	
Primary carer of older person $\ \square$	
Secondary carer (another person carries out the main caring role)	

Prefer not to say  $\Box$ 

Thank you for taking the time to complete this survey