

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](mailto:averil.clother@vwt.org.uk)

**Gender** 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  No  Prefer not to say

**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

### **Asian or Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please give details:

### **Black, African, Caribbean or Black British**

African  Caribbean  Prefer not to say   
Any other Black, African or Caribbean background, please give details:

### **Mixed or Multiple ethnic groups**

White and Black Caribbean  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   
Any other White background, please give details:

### **Other ethnic group**

Arab  Prefer not to say  Any other ethnic group, please describe:

**Do you consider yourself to have a disability, learning difference or health condition?**

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.

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**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:

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**What is your religion or belief?**

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

If other religion or belief, please describe:

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**What is your working pattern?**

Full-time  Part-time  Prefer not to say

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**What is your flexible working arrangement, if any?**

None  Flexi-time  Staggered hours  Term-time hours   
Annualised hours  Job-share  Flexible shifts  Compressed hours   
Homeworking  Hybrid working  Prefer not to say  If other, please give details:

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**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 the main caring role)   
Prefer not to say

**Thank you for taking the time to complete this survey**