## **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: HR@vwt.org.uk			
<b>Gender</b> Male $\square$ Female $\square$ Intersex $\square$ Non-binary $\square$ Prefer not to say $\square$			
If you prefer to use your own gender identity, please describer 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 $\square$ White and Black African $\square$ White and Asian $\square$ Prefer not to say $\square$ 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 $\square$ Prefer not to say $\square$ Any other ethnic group, please describe:			

Do you consider yourself to have a disability or health condition?			
Yes □	No □	Prefer not to say $\square$	
What is the ef here:	ffect or im	pact of your disability or health condition on your work? Please describe	
	then pleas	form is for monitoring purposes only. If you believe you need a 'reasonable se discuss this with your manager, or the manager running the recruitment applicant.	
What is you	ur sexua	l orientation?	
Heterosexual Undecided $\Box$		Gay $\square$ Lesbian $\square$ Bisexual $\square$ Asexual $\square$ Pansexual $\square$ efer not to say $\square$	
If you prefer t	to use your	r own identity, please describe here:	
No religion or Muslim	belief [	on or belief?  Buddhist Christian Hindu Jewish  Prefer not to say If other religion or belief, please describe:	
What is you	ur workii	ng pattern?	
Full-time $\Box$	Pa	art-time $\square$ Prefer not to say $\square$	
What is you	ur flexibl	le working arrangement, if any?	
None  Annualised ho Homeworking	ours $\square$	ne   Staggered hours   Term-time hours   Job-share   Flexible shifts   Compressed hours   Prefer not to say   If other, please give details:	
Do you hav	e caring	responsibilities? If yes, please tick all that apply	
None $\square$			
Primary carer	of a child	/children (under 18) 🗆	
Primary carer	of disable	d child/children 🔲	
		d adult (18 and over)	
Primary carer			
	·	er person carries out the main caring role) $\ \square$	
Prefer not to	эау ∟		

Thank you for taking the time to complete this survey