**Equality & Diversity Monitoring Form**

Age UK Bradford District is committed to eliminating discrimination and encouraging diversity amongst the workforce. Our aim is that our workforce will be truly representative of all sections of society.

As part of our monitoring process we ask for your cooperation in completing the questions on this form. The organisation is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No volunteer, member of staff or applicant will be discriminated against regardless of their age, colour, disability, ethnicity, gender or gender identity, race, religion or belief and/or sexual orientation or if you do not wish to complete this form.

The information you enter on this form will be used for monitoring purposes only.

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| --- | --- | --- | --- | --- |
| **Gender** : Male  Female | | | | |
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| **First part of postcode** (eg BD1) **:** **Local authority ward** : | | | | |
|  | | | | |
| **Do you live and work in a gender other than assigned at birth?** Yes  No  Prefer not to say | | | | |
|  | | | | |
| **Age Group** 16-25  26-35  46-55  56-65  65 and over | | | | |
|  | | | | |
| **I would describe my ethnic origin as** | | | | |
| White – British  White – Irish  White – other background  Please specify  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  Please specify  Arab/Middle Eastern  Any other background  Please specify |  | | White & Black Caribbean  White & Black African  White & Asian  Any other mixed background Please specify  Black Caribbean  Black African  Any other Black background  Please specify  Prefer not to say |  |
|  | | | | |
| **Religion or belief**  Buddhist  Hindu  Christian  Jewish |  | Muslim  Sikh  Jainist  Atheist  Prefer not to say | |  |
|  |  |  | |  |
| **The Equality Act 2010 protects disabled people**  Do you consider yourself to have a disability? Yes  No  Prefer not to say  If you have answered yes, please state the impairment(s) which apply to you  Physical Impairment  Sensory Impairment  Mental Health Condition Learning Disability/Difficulty  Long-standing illness  Other  Please specify ………………………………………………. | | | | |
|  | | | | |
| **Please select the option which best describes your sexuality**  Lesbian/Gay  Bisexual  Heterosexual  Prefer not to say | | | | |
|  | | | | |

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