**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 [ ]   |
|  |
| **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 [ ]  36-45 [ ]  46-55 [ ]  56-65 [ ]  65 and over [ ]  |
|  |
| **I would describe my ethnic origin as** |
| White – BritishWhite – IrishWhite – other backgroundPlease specifyIndian Pakistani Bangladeshi Chinese Any other Asian background Please specifyArab/Middle Eastern Any other background Please specify  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | White & Black Caribbean White & Black African White & Asian Any other mixed background Please specifyBlack Caribbean Black African Any other Black background Please specifyPrefer not to say | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
|  |
| **Religion or belief**BuddhistHinduChristianJewish | [ ] [ ] [ ] [ ]  | MuslimSikhJainistAtheistPrefer 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 youPhysical 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**