**EQUALITY, DIVERSITY & INCLUSION**

**MONITORING FORM**

**VOLUNTEERS**

***This form should be completed alongside the candidate’s Application Form.***

Age UK Ealing wants to meet the aims and commitments set out in its equality, diversity, and inclusion. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality, diversity, and inclusion.

The organisation needs your help and co-operation to enable it to do this but filling in the form is voluntary.

Please return the completed form marked “Strictly Confidential” to Christine Lees, Volunteer Co-ordinator at [volunteer.co‑ordinator@ageukealing.org.uk](mailto:volunteer.coordinator@ageukealing.org.uk).

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| --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | |
| **Gender** | Female  Male  Transgender  Transsexual  Gender neutral  Prefer not to say | **Age** | | 16-24  25-34  35-44  45-54  55-64  65+  Prefer not to say |
| **Marital status** | Single  Cohabitating  Civil Partnered | Married  Separated  Divorced | | Widowed  Prefer not to say |
| **Ethnic origin** | Arab  Asian or Asian British: Bangladeshi  Asian or Asian British: Chinese  Asian or Asian British: Indian  Asian or Asian British: Pakistani  Asian or Asian British: Other  Black or Black British: African | | Black or Black British: Caribbean  Black or Black British: Other  Mixed: White and Black Caribbean  Mixed: White and Black African  Mixed: White and Asian  Mixed: Other  White British  White: Irish  White: Gypsy or Irish Traveller  White: Other  Any other ethnic group  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |

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| **Religion and Belief** | Buddhist  Christian  Hindu  Jewish | Muslim  Non-religious (Atheist, Humanist, etc.) | Sikh  Other  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **Sexual orientation** | Bisexual  Gay man | Gay woman/ lesbian  Heterosexual/ straight | Other  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **DISABILITY** | | | |
| Please state if you have a physical or mental impairment, that has a substantial (that is, more than minor or trivial) and long-term adverse effect, on the ability to carry out normal day-to-day activities. | | | Yes  No  Prefer not to say |
| Please inform us of any reasonable adjustments you require to assist you at interview: | | |  |
| **ADDITIONAL INFORMATION** | | | |
| If you wish to provide any additional details, please do so below: | | | |

Thank you for your help.

Date created: November 2020

Next Review Date: November 2023