

Equal Opportunities Monitoring Form - Confidential

Age UK Leicester Shire & Rutland is committed to Equal Opportunities. By monitoring the diversity of those employed, volunteering or using our services, we can evaluate our performance and help ensure the organisation treats all individuals fairly and equally. The replies provided on this form will be kept strictly confidential and will not be used for any purpose other than monitoring. No information will be published or used in any way, which allows an individual to be identified.

You are under no obligation to complete this form, but if you do you are agreeing that this information may be held electronically and/or on paper file. We will store this information securely and act in accordance with current Data Protection Law and our Privacy Statement.

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1	Volunteer Role	:										
2	Gender:	Male □	Female □ Transgender □ Prefer not to say □									
3	Age:	0-15 🗆	16-24	25-3	34 □	35-44		45-54		55-64 □		
		65-74 🗆	75-84	85-9	94 🗆	95+ □]	Prefer r	not to	say 🗆		
4	Marital Status:	Married □	Wi	idowed		Separa	ated [] [Divord	ced \square		
		Single □ Civil Partnership □										
5	Ethnic group:											
W	White:					Mixed Heritage:						
	British		☐ White and Black Caribbean									
	☐ Other (please state)					☐ White and Black African						
Asian an Asian Publish						☐ White and Asian						
AS	sian or Asian Bri											
	Indian		☐ Other (please state)									
☐ Pakistani						Chinese:						
☐ Bangladeshi					☐ Chinese							
	Other (please st	☐ Other (please state)										
Black or Black British:												
П	☐ Black or Black British – Caribbean					☐ Other ethnic group						
	☐ Black or Black British – African					☐ Not known						
					☐ Prefer not to say							
Ш	Other (please st	ate)										
6	Religion / Belie	f:										
	nristian □	Muslim	Hii	ndu 🗆		Sikh [Jewish				
Вι	uddhist 🗆	Aethist □	Pr	efer not	to say 🏻		Other	(please	state)		

7 Disability: The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Taking this into account, do you consider yourself to have a disability?
Yes □ No □ Prefer not to say □
8 Sexuality: Please indicate your sexual orientation:
Heterosexual/Straight \square Gay man/Homosexual \square Gay Woman/Lesbian \square
Bisexual □ Prefer not to say □

Thank you for taking the time out to complete this form.