

EQUAL OPPORTUNITIES MONITORING FORM

The data we collect on this form is only used to monitor our equal opportunities policy. The information is not used in the selection process.

The purpose of the form is to help Healthwatch Derbyshire get an overall picture of the diversity of its volunteers now, and for future monitoring, to inform our approach to being an inclusive and diverse organisation.

The completion of the form is voluntary.

Please complete the following:

Position applied for: HEALTHWATCH DERBYSHIRE EXECUTIVE BOARD MEMBER
Where did you see the position advertised?

Please choose one option from each of the sections listed below and then tick (✓) or place an X in the appropriate box.

A. YOUR AGE

16-24		25-34	
35-44		45-54	
55-64		65+	
Prefer not to say			

B. DISABILITY

Do you consider yourself to have a disability?

Yes		No		Prefer not to say	
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Please describe the nature of your disability.

For example, learning disability or difficulty; a sensory impairment; a physical/mobility impairment; a long term health problem such as arthritis, Parkinson's, MS, Aids/HIV, etc; mental health conditions; Autistic spectrum and other neuro-diverse issues.

Do you consider you have 'other experience of disability' e.g. as a carer?

Yes		No		Prefer not to say	
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C. GENDER

Male		Female		Prefer not to say	
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D. HAVE YOU EVER IDENTIFIED AS TRANSGENDER?

For the purpose of this question “transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

Yes		No		Prefer not to say	
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E. HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

Bisexual	
Gay man	
Gay woman/lesbian	
Heterosexual/straight	
Other (specify if you wish)	
Prefer not to say	

F. YOUR RELIGION OR BELIEF

Which group below do you most identify with?

No religion		Jewish	
Buddhist		Muslim	
Christian		Sikh	
Hindu		Prefer not to say	
Any other religion or belief			

G. HOW WOULD YOU DESCRIBE YOUR NATIONAL IDENTITY?

English	
Welsh	
Scottish	
Northern Irish	
British	
Other (please specify if you wish)	
Prefer not to say	

H. HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

1. Asian/Asian British

Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	

2. Black/African/Caribbean/Black British

African	
Caribbean	
Any other Black/African/Caribbean background	

3. Mixed/multiple ethnic groups

White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed/multiple ethnic background	

4. White

English/ Welsh/ Scottish/Northern Irish British	
Irish	
Gypsy or Irish Traveller	
Any other White background	

5. Other ethnic group

Please specify if you wish	
Prefer not to say	

I. YOUR MARITAL OR CIVIC PARTNERSHIP STATUS

Never married and never registered a civil partnership	
Married	
Separated but still legally married	
Divorced	
Widowed	
In a registered civil partnership	
Separated but still legally in a registered civil partnership	
Formally in a registered civil partnership which is now legally dissolved	
Surviving partner from a registered civil partnership	
Prefer not to say	

J. PREGNANCY

Women who are pregnant are defined as one of the protected characteristics in the Equality Act 2010. It would be helpful for our monitoring activity to know whether you are pregnant.

Yes		No		Prefer not to say	
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Thank you for taking the time to complete this form.