**EQUAL OPPORTUNITIES MONITORING FORM**

**Role Applied for:**

Sutton Carers’ Centre is committed to the successful development of an Equal Opportunities Policy and is committed to opposing all forms of discrimination including that based on legally protected characteristics such as age, disability, gender reassignment, race (including colour, nationality, and ethnic or national origins), religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy and maternity and caring roles. This list is not exhaustive.

In order to monitor the effectiveness of our Equal Opportunities Policy Sutton Carers’ Centre requests that all volunteers complete this form. In accordance with the Data Protection Act 1998, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our Equal Opportunities Policy. Sutton Carers Centre is committed to opposing all forms of discrimination.

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| Question 1 Please tick | Female Male 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. | |
| Question 2 Please tick | Age group:  16-25 26-35 36-45 46-55 56-65 Over 65  √ | |
| Question 3  What is your ethnic group?  Local Authorities are required to monitor their ethnic group of their workforce. These categories are recommended by the Commission for Racial Equality and have been used in the recent census. |  | Please tick one category |
| White British |  |
| White Irish |  |
| White - any other background, please write in |  |
| Mixed White and Black Caribbean |  |
| Mixed White and Asian |  |
| Mixed - any other mixed background, please write in |  |
| Asian or Asian British Indian |  |
| Asian or Asian British Pakistani |  |
| Asian or Asian British Bangladeshi |  |
| Asian - any other background, please write in |  |
| Black or Black British Caribbean |  |
| Black or Black British African |  |
| Black or Black British – any other background, please write in |  |
| Chinese |  |
| Any other background, please write in |  |
| I do not wish to identify at this stage |  |
| Question 4 Disability  The Disability Discrimination Act (DDA) 1995 makes it  unlawful to discriminate against current or prospective employees | Do you have a disability?  No Yes I do not wish to identify      Definition of disability under the DDA is ‘A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’.  If you have answered yes to the above, how would you best describe your disability? Please tick all that apply.  Please tick one of the following:  Hearing (includes deafness, partially dear of hard of hearing)  Speech Impairment (includes speech impediments or defects which result in communication difficulties)  Vision (includes blindness, fractional sight or partially sighted. It does not include visual problems that can be corrected by spectacles or contact lenses).  Learning Difficulties (for example dyslexia; reading or writing with difficulty)  Reduced Physical Disabilities (for example debilitating pain and lack of strength, breath, energy, stamina resulting from cardio-vascular conditions, cancer, asthma, muscular dystrophy, multiple sclerosis)  Mobility (for example wheelchair users, callipers or walking aids, artificial lower limbs and conditions such as rheumatism or arthritis etc).  Mental Illness (for example clinical depression, psychoses, schizophrenia, psychoneuroses or bipolar)  Other – please specify: | |
| Question 5  Is there anyone: a family member or friend, who relies on you for care and support (unpaid), due to a mental or physical disability or illness? | No Yes  If yes, are they:  a) Children under 16 b) Adult relative, spouse or friend  c) I am a multiple carer looking after more than one person | |
| Question 6 Please tick  Sexual Orientation | Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual/straight |  |
| Other, please write in |  |
| I do not wish to identify |  |

**This document will be kept separate from your application form; the information you provide will be treated in the strictest confidence and will not be available to members of the interview panel. Please seal in separate envelope.**