

GLOBAL CARE EQUAL OPPORTUNITIES MONITORING FORM

Global Care operates a policy of equality and fair treatment in employment & volunteer work.

We aim to ensure that all job/volunteering applications are treated fairly, regardless of sex, marital status, political opinions, race, colour, age, ethnic and national origin, religious belief, sexual orientation, gender reassignment or disability.

To help us achieve this aim we are carrying out a review of all staff and volunteers.

Please complete the form and return it to Clare.oliver@globalcare.org.uk or to your line manager or shop manager.

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Capacity: Please select the one that best fits:

Paid staff

Volunteer

Trustee

Contractor

Other please specify

1. ETHNICITY

Which groups do you most identify with? Please tick the appropriate section from A to E.

A. White

English

Scottish

Welsh

Irish

European

Other, please specify: _____

B. Asian, Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other, please specify: _____

C. Mixed

White and Black Caribbean

White and Black

White and Asian

Other, please specify: _____

D. Black, Black British

Caribbean

African

Other, please specify: _____

E. Any other background, please specify:

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Prefer not to say

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Please circle the following:-

2. GENDER: Male Female Transgender Male Transgender Female
Non-binary Other

Or I prefer to describe myself as

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3. SEXUAL ORIENTATION: Heterosexual Gay Lesbian Bisexual Prefer not to say

Or I prefer to describe myself as

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4. AGE: 16-24 25-29 30-34 35-39 40-44
45-49 50-54 55-59 60-64 65+

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5. MARITAL STATUS: Same sex Married Married Single Same sex civil Partnership
Prefer not say

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6. RELIGION / BELIEF: Christian Buddhist Hindu Jewish
Muslim Sikh None Prefer not to say

Or I prefer to describe my religion / belief as

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7. DISABILITY

Do you consider yourself to have a disability as defined by the Disability Discrimination Act (1995)? The Act defined disability as 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.

Yes No

If yes, how would you describe/ define your disability?

Are you registered as disabled? Yes No

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8. CARING RESPONSIBILITIES

Do you have caring responsibilities? Please tick the following that apply:

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

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Thank you for completing this form.

The information you have provided will help Global Care to monitor the effectiveness of our equal opportunity policies and procedures