

DIVERSITY AND EQUALITY MONITORING FORM

Sands is committed to ensuring equality and diversity in all its employment, volunteering and governance policies and procedures.

As part of this, we are asking you to kindly complete this form to assist us in obtaining an accurate picture of the diversity of our job applicants.

Completing this form is entirely voluntary. The information you provide will be treated as strictly confidential in accordance with Sands' relevant policies and will be used only for monitoring purposes.

Please return the completed form to Recruitment@sands.org.uk

1. Please indicate your gender

Male		Female		Transgender		Intergender		Genderfluid	
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Other (please state)		Prefer not to say	
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2. Are you married or in a civil partnership?

Yes		No		Other (please state)		Prefer not to say	
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3. Please indicate your age range

16-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64	
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65+		Prefer not to say	
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4. Please indicate your ethnic origin; your ethnic origin is the group that you perceive you belong to. Please tick the box which you feel most accurately reflects this.

White

English		Welsh		Scottish		Northern Irish		British		Irish		Other (please state)
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Mixed

White & Black Caribbean		White & Black African		White & Asian	
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Other (please state)	
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Asian / Asian British

Indian		Pakistani		Bangladeshi		Chinese		Other (please state)
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Black / Black British

African		Caribbean		Other (please state)
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Any other ethnicity

Other (please state)		Prefer not to say	
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5. Disability disclosure; do you consider yourself to have a disability or health condition?

Yes	No	Prefer not to say	
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Do you require any reasonable adjustments to assist you in carrying out your duties? If so please provide details below.

6. Sexual orientation: what is your sexual orientation?

Heterosexual		Gay women/ lesbian		Gay Man		Prefer not to say	
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7. Religion/belief: what is your religion or belief?

Christian		Hindu		Sikh		Muslim		Buddhist		Jewish	
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No religion or belief		Prefer not to say		Other (please state)
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8. Care responsibilities: do you have any caring responsibilities? If yes, please tick all that apply.

None		Primary carer of child (under 18)		Primary carer of disabled adult	
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Primary carer of older person		Secondary carer		Prefer not to say	
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