

## Equality and diversity monitoring form

Forres Area Community Trust wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact the Development Manager at FACT.

Please return the completed form with your Application Form for employment.

**Gender** Male Female Intersex Non-binary Prefer not to say

If you prefer to use these terms, please let us know the gender identity term you would like us to use:

Is the gender you identify with the same as your gender registered at birth?

Yes  No  Prefer not to say

**Age** 16-24 25-29 30-34 35-39 40-44 45-49 50-54  
55-59 60-64 65+ Prefer not to say

### What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

#### **Asian or Asian British**

Indian Pakistani Bangladeshi Chinese Prefer not to say  
Any other Asian background, please write in:

#### **Black, African, Caribbean or Black British**

African Caribbean Prefer not to say  
Any other Black, African or Caribbean background, please write in:

#### **Mixed or Multiple ethnic groups**

White and Black Caribbean White and Black African White and Asian Prefer not to say  
Any other Mixed or Multiple ethnic background, please write in:

#### **White**

English Welsh Scottish Northern Irish Irish  
British Gypsy or Irish Traveller Prefer not to say  
Any other White background, please write in:

#### **Other ethnic group**

Arab Prefer not to say Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes                      No                      Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only.

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**What is your sexual orientation?**

Heterosexual                      Gay                      Lesbian                      Bisexual                      Asexual                      Pansexual                      Undecided

Prefer not to say

If you prefer to use your own identity, please write in:

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**What is your religion or belief?**

No religion or belief                      Buddhist                      Christian                      Hindu                      Jewish

Muslim                      Sikh                      Prefer not to say                      If other religion or belief, please write in:

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**What is your working pattern?**

Full-time                      Part-time                      Prefer not to say

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**What is your flexible working arrangement?**

None                      Flexi-time                      Staggered hours                      Term-time hours

Annualised hours                      Job-share                      Flexible shifts                      Compressed hours

Homeworking                      Prefer not to say                      If other, please write in:

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**Do you have caring responsibilities? If yes, please tick all 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