



## 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 which encourages 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 only be used for monitoring purposes.

If you have any questions about this Form, please contact the Development Manager at FACT.

**Please complete this Form and return it with your completed Application Form.**

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

If you prefer not 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 that you belong to. 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:

The information in this Form is for monitoring purposes only.

**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:

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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

If other, please write in: