Bury VCFA 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 purpose of the following questions is to help us monitor our equal opportunity policy to ensure that all our services and recruitment are accessible to all sections of the community.

The information will NOT be used in the recruitment process. It is solely for monitoring purposes and will be treated as confidential. Please return this form along with your completed application.

|  |  |
| --- | --- |
| **Name** |  |
| **How did you hear about this vacancy?** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Gender** | | | | | | | **Prefer not to answer** | | |  |
| **Male** |  | **Female** |  | **Intersex** | |  | **Non-binary** | | |  |
| **If you prefer to use your own term, please specify here** | | | | |  | | | | | |
| **Are you married or in a civil partnership?** | | | | | **Yes** |  | **No** |  |  | |

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| 1. **Age** | | | | | **Prefer not to answer** | | | |  |
| **16-24** |  | **25-29** |  | **30-34** |  | **35-39** |  | **40-44** |  |
| **45-49** |  | **50-54** |  | **55-59** |  | **60-64** |  | **65+** |  |

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| 1. **What is your ethnicity** | | | | | | | | **Prefer not to answer** | | | | |  |
| **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** | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | |
| **British** |  | **English** |  | **Welsh** | |  | **Scottish** | | |  | | **Northern Irish** |  |
| **Traveller** |  | **Gypsy** |  | **Irish** | |  | **other white background please state below** | | | | | | |
|  | | | | | | | | | | | | | |
| **Mixed/multiple ethnic groups** | | | | | | | | | | | | | |
| **White & Black Caribbean** | | | |  | **White & Black African** | | | |  | | **White & Asian** | |  |
| **Any other mixed background** | | | |  | | | | | | | | | |
| **Asian/Asian British** | | | | | | | | | | | | | |
| **Indian** |  | **Pakistani** | |  | **Bangladeshi** | | | |  | | **Chinese** | |  |
| **Any other Asian background** | | | |  | | | | | | | | | |
| **Black/ African/ Caribbean/ Black British** | | | | | | | | | | | | | |
| **African** | | | |  | **Caribbean** | | | |  | | **African American** | |  |
| **Any other black background** | | | |  | | | | | | | | | |
| **Other ethnic group** | | | | | | | | | | | | | |
| **Arab** |  | **Any other ethnic background** | | | |  | | | | | | | |

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| 1. **Do you consider yourself to have a disability or health condition?** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to answer** |  |
| **What is the effect or impact of your disability or health condition on your ability to give your best at work?** | | | | | |
| **Please state here:** | | | | | |
| The information above is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. | | | | | |

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| 1. **What is your sexual orientation** | | | | | | | | | | **Prefer not to answer** | | |  | |
| **Heterosexual** |  | **lesbian** | | |  | | **Homosexual** | | | |  | **Bisexual** | |  |
| **If you prefer to use your own term, please specify here** | | | | | | | | |  | | | | | |
| 1. **What is your religion or belief?** | | | | | | **Prefer not to answer** | | | | | | |  | |
| **Buddhist** |  | **Christian** | |  | | **Hindu** | | | | |  | **Islam** | |  |
| **Jewish** |  | **Sikh** | |  | | **No religion or belief** | | | | |  | **other religion** | |  |
| **other please specify here** | | | |  | | | | | | | | | | |
| **What is your current working pattern?** | | | | | | | | | | | | | | |
| **Part time** | | |  | **Full time** | | | |  | **Prefer not to answer** | | | |  | |
| 1. **Do you have caring responsibilities?** | | | | | | | | **Prefer not to answer** | | | | |  | |
| **None** | | | | | | |  | **Primary carer of a child/children (under 18)** | | | | |  | |
| **Primary carer of disabled child/children** | | | | | | |  | **Primary carer of older person** | | | | |  | |
| **Secondary carer** | | | | | | |  | **Primary carer of disabled adult (18 & over)** | | | | |  | |

Thank you for taking the time to complete this form

Please e-mail completed form to [sharon.gill@buryvcfa.org.uk](mailto:sharon.gill@buryvcfa.org.uk) or by post (marked as private and confidential) to:

Sharon Gill

Bury VCFA

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St. John’s House

155 – 163 The Rock

Bury

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