Equality & Diversity Provision & Monitoring

****PRIVATE AND CONFIDENTIAL****

****Please complete in black ink (hand written or typed)****

The Safer Living Foundation is committed to equality of opportunity in our volunteer selection processes. By completing this form you will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equality of opportunity. You are not obligated to provide this information and your answers to these questions have no influence on the volunteer selection process.

|  |  |
| --- | --- |
| Name: |  |

# How would you describe your gender identity?

Please select all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Female |  | Male |  | Non-binary |
|  | Prefer not to say |  | Other (specify if you wish) |  | |

# Are you trans or do you have a trans history?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

# Do you identify as disabled?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

# Do you have any caring responsibilities for a child/children and/or another adult/s?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

If yes, please select all that apply:

If you share care responsibilities equally then please answer as the primary carer.

|  |  |
| --- | --- |
|  | Primary carer of a child or children (under 18 years) |
|  | Primary carer of a child or children who is disabled or has a health condition or illness, or temporary care needs (under 18 years) |
|  | Primary carer or assistant for a disabled adult or adults (18 years and over) |
|  | Primary carer or assistant for an older person or people (65 years and over) |
|  | Secondary carer (another person carries out main caring role) |
|  | Prefer not to say |

# Are you currently pregnant or have you been pregnant in the last calendar year?

This includes pregnancies that did not result in the live birth of an infant, including miscarriages and stillbirths.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

# How would you describe your ethnicity?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Arab – Arab or Arab British | | | |
|  | Arab – in another way (specify if you wish) |  | | |
|  | Asian – Bangladeshi or Bangladeshi British | | | |
|  | Asian – Chinese or Chinese British | | | |
|  | Asian – Indian or Indian British | | | |
|  | Asian – Pakistani or Pakistani British | | | |
|  | Asian – in another way (specify if you wish) |  | | |
|  | Black – African or African British | | | |
|  | Black – Caribbean or Caribbean British | | | |
|  | Black – in another way (specify if you wish) |  | | |
|  | Mixed or multiple ethnic groups – White or White British and Asian or Asian British | | | |
|  | Mixed or multiple ethnic groups – White or White British and Black African or Black African British | | | |
|  | Mixed or multiple ethnic groups – White or White British and Black Caribbean or Black Caribbean British | | | |
|  | Mixed or multiple ethnic groups – in another way (specify if you wish) | | |  |
|  | White – British, English, Scottish, Welsh or Northern Irish | | | |
|  | White – Gypsy, Irish Traveller, Traveller or Roma | | | |
|  | White – Irish | | | |
|  | White – Polish | | | |
|  | White – in another way (specify if you wish) | |  | |
|  | In another way (specify, if you wish) | |  | |
|  | Prefer not to say | | | |

# What is your religion or belief? (Select all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No religion (including atheist) |  | Buddhist |  | Christian |
|  | Hindu |  | Jewish |  | Muslim |
|  | Sikh |  | Other (specify if you wish) |  | |
|  | Prefer not to say |  |  |  | |

# How would you describe your sexual orientation? (Select all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Asexual |  | Bisexual |  | Gay or lesbian |
|  | Heterosexual/straight |  | Queer |  | Prefer not to say |
|  | Other (specify if you wish) |  | | | |

# Are you currently? (Select all that apply)

|  |  |  |
| --- | --- | --- |
|  | Co-habiting or living with a partner | |
|  | Married or in a civil partnership | |
|  | Separated, divorced or civil partnership dissolved | |
|  | Single | |
|  | Widowed or a surviving partner from a civil partnership | |
|  | Prefer not to say | |
|  | Other (specify, if you wish): |  |