

Volunteer Equalities Monitoring Form

The reason why we ask you these questions is so we can:

- Make our services open to everyone in the city,
- Treat everyone fairly and appropriately when they use our services,
- In consultations, make sure that we have views from all across the city.

The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services.

Your answers are completely anonymous and confidential. We will only use them to make services better. Information from forms is combined so you cannot be identified.

You can ask for a large print version.

What age are you? years <input type="checkbox"/> Prefer not to say	
What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other – please state <input type="checkbox"/> Prefer not to say	
Do you identify as the gender you were assigned at birth? For people who are transgender, the gender they were assigned at birth is <u>not</u> the same as their own sense of their gender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
How would you describe your ethnic origin?		
White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background (please give details) Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please give details)	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background (please give details) Mixed <input type="checkbox"/> Asian & White <input type="checkbox"/> Black African & White <input type="checkbox"/> Black Caribbean & White <input type="checkbox"/> Any other mixed background (please give details)	Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please give details) <input type="checkbox"/> Prefer not to say

Which of the following best describes your sexual orientation?		
<input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Lesbian/ Gay woman <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Other (please state) <input type="checkbox"/> Prefer not to say		
What is your religion or belief?		
<input type="checkbox"/> I have no particular religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other philosophical belief (please state) <input type="checkbox"/> Prefer not to say
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?	<input type="checkbox"/> Yes a little <input type="checkbox"/> Yes a lot <input type="checkbox"/> No (do not answer the next question) <input type="checkbox"/> Prefer not to say (do not answer the next question)	
If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'other' and write an answer in. (Examples are given in the guidance)		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Long-standing Illness <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Developmental Condition	
Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
If yes, do you care for a.....?	<input type="checkbox"/> Parent <input type="checkbox"/> Child with special needs <input type="checkbox"/> Other family member <input type="checkbox"/> Partner / spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other (please give details)	
Armed Forces Service: • Are you <u>currently</u> serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)? • Have you <u>ever</u> served in the UK Armed Forces? • Are you a member of a current or former serviceman or woman's immediate family/household?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

Please return this form to the person who gave it to you.

The data controller for this form is involve Community Services

Thank you for completing this form – it will help us improve our services for everyone.