

RVS Equality and Diversity Monitoring Form

RVS 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 you provide will stay confidential, and be stored securely and limited to relevant staff in the organisation.

If you have any queries regarding this form please contact the CEO on 01252-398450.

Thank you for your help.

Please return this form, together with your application form.

Post Applied for				
Gender	Male	Female	Prefer not to say	
Age	16-24	25-29	30-34	35-39
	40-45	46-49	50-54	55-59
	60-64	65+	Prefer not to say	
Are you married or in a civil partnership?	Yes	No	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 appropriate box						
White							
English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>
Irish	<input type="checkbox"/>	British	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other white background, please write in:							
Mixed / Multiple Ethnic Groups							
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other mixed background, please write in:							
Asian/ Asian British							
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Prefer not to say		Any other Asian/Asian British background, please write in:					
Black/ African/ Caribbean/ Black British							
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Prefer not to say			<input type="checkbox"/>
Any other Black/ African/ Caribbean background, please write in:							
Other Ethnic Group							
Arab	<input type="checkbox"/>	Prefer not to say				<input type="checkbox"/>	
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 ability to give your best work? Please write here:			

The information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment at work, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?					
Heterosexual		Gay woman/lesbian		Gay man	
Prefer not to say		If other, please write in:			

What is your religion or belief?					
No religion or belief		Buddhist		Christian	
Jewish		Muslim		Sikh	
If other, please write in:					

Do you have caring responsibilities? If yes, please tick all that apply			
None		Primary carer of a child/children (under 18)	
Primary carer of a disabled child/children		Primary carer of a disabled adult (18 and over)	
Primary carer of an older person		Prefer not to say	
Secondary carer (another person carries out the main caring role)			