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# Shoreditch Trust Equalities Opportunities Monitoring Form

In accordance with its Equality and Diversity Policy, Shoreditch Trust recognises and actively promotes the benefits of a diverse workforce and is committed to relating all employees with dignity and respect regardless of race, colour, nationality, national origin, ethnic origin, marital status, sexual orientation, gender, disability, religion or age.

In order for the charity to ensure compliance with its equal opportunities policy statement, we have set up a monitoring system. As part of this process we ask if you can complete this Equal Opportunities Monitoring Form. You may, of course, decide not to answer one or any of these questions, but if you do respond, all information provided will be treated in the strictest confidence. These sheets will be detached from your application and will be used solely for monitoring purposes.

Thank you for your assistance in completing this form.

***Under the Data Protection Act 1998, completion of this form provides consent to the Shoreditch Trust in processing the data supplied on this form for the purposes of equal opportunities monitoring.***

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| **WORK GRADE** | | | | | | |
| Senior Leadership  Area Lead (e.g. Manager) | | | Delivery (e.g. Coordinator, FOH)  Prefer not to say | | | |
| **GENDER** | | | | | | |
| Male  Female | | | In another way  Prefer not to say | | | |
| **MARITAL STATUS** | | | | | | |
| Single  Separated | Partnered  Widowed | | Married  Divorced | | Civil Partnership  Prefer not to say | |
| **AGE BAND** | | | | | | |
| Under 18  50–59 | 18–29  60–65 | | 30 – 39  Over 65 | | 40–49  Prefer not to say | |
| **SEXUAL ORIENTATION** | | | | | | |
| Bisexual  Gay man  Heterosexual/straight | | | Lesbian/gay woman  Prefer not to say | | | |
| DISABILITY | | | | | | |
| Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?  “a person has a disability…if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” | | | | | | |
| None | Physical disability | | Mental disability | | Prefer not to say | |
| If yes, please state the nature of this disability: | | | | | | |
| RACE/NATIONALITY/ETHNIC ORIGIN | | | | | | |
| Asian or Asian British  Black/African/Caribbean/Black British  Mixed /Multiple Ethnic Group  Other ethnic group (please specify):  White | | | | Prefer not to say  Unknown | | |
| RELIGION | | | | | | |
| Buddhist | | Catholic | Christian | | | Hindu |
| Jewish | | Muslim | Rastafarian | | | Sikh |
| No Religion | | Prefer not to say | Other(please specify) | | | |