**Equal Opportunities Monitoring Form**

Community Action Redbridge is committed to equality of opportunity, and applications from individuals are encouraged regardless of age, disability, sex, gender reassignment, sexual orientation, pregnancy and maternity, race, religion or belief and marriage and civil partnerships. Our aim is that our workforce will be truly representative of the communities we serve.

As part of this commitment, we collect monitoring data from individuals who apply to work at Community Action Redbridge. This monitoring form is voluntary, but the information we collect helps us to ensure that we are inclusive in our advertising and recruitment, and understand the diversity of our workforce. Please return a copy of this form along with your application.

In accordance with the Community Action Redbridge Data Protection Policy, we take care to ensure that all applicant data is appropriately and securely stored and handled. Community Action Redbridge records the data in this form anonymously and the information you provide will not be shared with the selection panel.

In the event that you are successfully appointed to a post at Community Action Redbridge this data will move to your employee profile on our HR system. This data will only be visible by yourself and key, relevant members of the team.

For further information about Community Action Redbridge’s approach to Data Protection, please see the ‘how we use your information’ page on our website: [www.redbridgecvs.net/privacy#Staff](http://www.redbridgecvs.net/privacy#Staff)

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| **How did you find out about this post? (Please select one)** |
| [ ]  Community Action Redbridge website | [ ]  Community Action Redbridge newsletter |
| [ ]  Charity Jobs | [ ]  NAVCA jobs board |
| [ ]  Other, please specify: |

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| **Age**  |
| [ ]  Under 16 | [ ]  35-44 |
| [ ]  16-24 | [ ]  45-54 |
| [ ]  25-34 | [ ]  55-64 |
| [ ]  65+ |

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| **Gender** |
| [ ]  Man |
| [ ]  Woman |
| ☐ Non-binary |
| [ ]  Intersex |
| [ ]  Prefer not to say |
| [ ]  I prefer to use my own term (please state): Click here to enter text. |

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| **Is your gender identity the same as the sex you were assigned at birth?** |
| [ ]  Yes |
| [ ]  No |
| [ ]  Prefer not to say |

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| **Sexual orientation** |
| [ ]  Bisexual |
| [ ]  Gay man |
| [ ]  Gay woman/lesbian |
| [ ]  Heterosexual/straight |
| [ ]  Prefer not to say |
| [ ]  I prefer to use my own term (please state): Click here to enter text. |

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| **Are you married or in a civil partnership?** |
| [ ]  Yes |
| [ ]  No |
| [ ]  Prefer not to say |

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| **Ethnicity** |
| [ ]  Arab | [ ]  Mixed: White and Black Caribbean |
| [ ]  Asian or Asian British: Indian | [ ]  Mixed: White and Black African |
| [ ]  Asian or Asian British: Pakistani | [ ]  Mixed: White and Asian |
| [ ]  Asian or Asian British: Bangladeshi | [ ]  Mixed: Other |
| [ ]  Asian or Asian British: Chinese | [ ]  White: British |
| [ ]  Asian or Asian British: Other | [ ]  White: Irish |
| [ ]  Black or Black British: African | [ ]  White: Gypsy or Irish Traveller |
| [ ]  Black or Black British: Caribbean | [ ]  White: Other |
| [ ]  Black or Black British: Other | [ ]  Other Ethnic Group |
| If ‘other’ or you prefer to use your own term, please state: Click here to enter text. |

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| **Religion and belief** |
| [ ]  Buddhist | [ ]  Muslim  |
| [ ]  Christian | [ ]  Non-religious (Atheist, Humanist, etc.) |
| [ ]  Hindu | [ ]  Sikh |
| [ ]  Jewish | [ ]  Other |
| [ ]  Prefer not to say | [ ]  I prefer to use my own definition: Click here to enter text. |

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| **Do you consider yourself to have a disability?** |
| The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities. (Definitions: ‘substantial’ means more than minor or trivial; ‘long-term’ means that the effect of the impairment has lasted, or is likely to last, for at least 12 months; ‘normal day-to-day activities’ include everyday things like eating, washing, walking and going shopping.’) Does the Equality Act’s definition of being disabled apply to you? |
| [ ]  Yes |
| [ ]  No |
| [ ]  Prefer not to say |

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| **Do you have caring responsibilities?** |
| [ ]  None |
| [ ]  Primary carer of a child/children under 18 |
| [ ]  Primary carer of a disabled child/children |
| [ ]  Primary carer of a disabled adult (over 18) |
| [ ]  Primary carer of an older person |
| [ ]  Secondary carer (another person carries out the main carer role) |
| [ ]  Prefer not to say |