

EQUAL OPPORTUNITIES

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| Coventry DBF 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 only some staff in the organisation’s Human Resources section. |
| **Gender** | **Man** [ ]  | **Woman** [ ]  |  **Non-binary** [ ]  |  **Prefer not to say** [ ]  |
| **Other** [ ]  **Please specify:** |
| **Age** | **16-24** [ ]  | **25-29** [ ]  | **30-34** [ ]  | **35-39** [ ]  | **40-44** [ ]  | **45-49** [ ]  |
| **50-54** [ ]  | **55-59** [ ]  | **60-64** [ ]  | **65+** [ ]  | **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 the appropriate box |
| ***White*** |
| **English** [ ]  | **Welsh** [ ]  | **Scottish** [ ]  | **Northern Irish** [ ]  |  **Irish** [ ]  |
| **British** [ ]  | **Gypsy or Irish Traveller** [ ]  | **Prefer not to say** [ ]  |  |
| **Other** [ ]  **Please specify:**  |
| ***Mixed/multiple ethnic groups*** |
| **White and Black Caribbean** [ ]  | **White and Black African** [ ]  | **White and Asian** [ ]  |
| **Prefer not to say** [ ]  | **Other** [ ]  **Please specify:**  |
| **Asian/Asian British** |  |
| **Indian** [ ]  | **Pakistani** [ ]  | **Bangladeshi** [ ]  | **Chinese** [ ]  |  **Prefer not to say** [ ]  |
| **Other** [ ]  **Please specify:**  |
| ***Black/ African/ Caribbean/ Black British*** |
| **African** [ ]  | **Caribbean** [ ]  | **Prefer not to say** [ ]  |
|  **Other** [ ]  **Please specify:** |
| ***Other ethnic group*** |
| **Arab** [ ]  | **Prefer not to say** [ ]  | **Other** [ ]  **Please specify:** |
| **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 at work? Please write in here: |
| The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |