**Equal Opportunities Monitoring**

The Change Project 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 provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact The Change Project’s HR Representative, Jo Martin-Robinson, [**jo.martin-robinson@thechangeportfolio.org**](mailto:jo.martin-robinson@thechangeportfolio.org)

Please return the completed form via email with the subject “strictly confidential” to the HR Representative, Jo Martin-Robinson, [**jo.martin-robinson@thechangeportfolio.org**](mailto:jo.martin-robinson@thechangeportfolio.org)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What is your sex?** | | | | | | | | | |
| Female | | Male | | | Prefer to self-describe | | | Prefer not to say | |
| *If you prefer to self-describe, please state both your self-described sex and preferred pronouns below:* | | | | | | | | | |
|  | | | | | | | | | |
| **Is the gender you identify with the same as your sex registered at birth?** | | | | | | | | | |
| Yes | | | No | | | | Prefer not to say | | |
| **Are you married or in a civil partnership?** | | | | | | | | | |
| Yes | | | No | | | | Prefer not to say | | |
| **What is your sexual orientation?** | | | | | | | | | |
| Heterosexual | | Gay | | | Lesbian | | | Bisexual | |
| Asexual | | Pansexual | | | Undecided | | | Prefer not to say | |
| *If you prefer to use your own identity, please state here:* | | | | | | | | | |
| **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 check the appropriate box* | | | | | | | | | |
| **White** | | | | | | | | | |
| White British | | English | | | Welsh | | | Scottish | |
| Northern Irish | | Irish | | | Gypsy or Irish Traveller | | | Prefer not to say | |
| *Any other white background, please state here:* | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mixed/multiple ethnic groups** | | | | | | | | | | | | | |
| White and Black Caribbean | | | | | | | White and Black African | | | | | | |
| White and Asian | | | | | | | Prefer not to say | | | | | | |
| *Any other mixed background, please state here:* | | | | | | | | | | | | | |
| **Asian/Asian British** | | | | | | | | | | | | | |
| Indian | Pakistani | | | | | Bangladeshi | | Chinese | | | | | Prefer not to say |
| *Any other Asian background, please state here:* | | | | | | | | | | | | | |
| **Black/ African/ Caribbean/ Black British** | | | | | | | | | | | | | |
| African | | | | | Caribbean | | | | | Prefer not to say | | | |
| *Any other Black/African/Caribbean background, please state here:* | | | | | | | | | | | | | |
| **Other ethnic group** | | | | | | | | | | | | | |
| Arab ☐ | | | | | | | Prefer not to say ☐ | | | | | | |
| *Any other ethnic group, please state here:* | | | | | | | | | | | | | |
| **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 state here:* | | | | | | | | | | | | | |
| N.B. 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**.** | | | | | | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | | | | |
| No religion or belief | | | Christian | | | | Buddhist | | | | | Hindu | |
| Jewish | | | Muslim | | | | Sikh | | | | | Prefer not to say | |
| *If other religion or belief, please state here:* | | | | | | | | | | | | | |
| **What is your current working pattern?** | | | | | | | | | | | | | |
| Full-time | | | | Part-time | | | | | Prefer not to say | | | | |
| **What is your flexible working arrangement?** | | | | | | | | | | | | | |
| None | | Flexitime | | | | | Staggered hours | | | | Term-time hours | | |
| Annualised hours | | Job-share | | | | | Flexible shifts | | | | Compressed hours | | |
| Homeworking | | Prefer not to say | | | | |  | | | |  | | |
| *If other, please state here:* | | | | | | | | | | | | | |
| **Do you have caring responsibilities? If yes, please tick all that apply** | | | | | | | | | | | | | |
| None | | | | | | | Primary or co-carer of a child/children (under 18) | | | | | | |
| Primary or co-carer of disabled child/children | | | | | | | Primary or co-carer of disabled adult (18 and over) | | | | | | |
| Primary carer of older person | | | | | | | Secondary carer for any of the above (another person carries out the main caring role) | | | | | | |
| Prefer not to say | | | | | | |  | | | | | | |