Equal Opportunities Monitoring Form

Healthwatch Lambeth aims to ensure that no applicant, volunteer or employee shall be directly or indirectly discriminated against on the grounds of age, race, colour, nationality, religion, gender, disability, sexual orientation, or marital status.

We would appreciate your co-operation in assisting us to monitor and implement our equal opportunity policy so that we can judge whether it is working or not. Please fill in the form below. This information will be treated as confidential and to ensure your anonymity, this form **will not be held** with your application form.

It is not compulsory to supply this information – the decision is yours. Your application will not be affected by the information provided neither will it be affected if you choose not to return this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is your age?** | | | | |
| 18-24 years  25-49 years  50-64 years | | | 65-79 years  Over 80 years  Prefer not to say | |
| **What gender best describes you?** | | | | |
| Woman  Man  Non-Binary | | Prefer not to say  Prefer to self-describe: | | |
| **Is your gender identity the same as your sex recorded at birth?** | | | | |
| Yes  No | | Prefer not to say | | |
| **Which sexual orientation do you identify with?** | | | | |
| Asexual  Bisexual  Gay man | Heterosexual/straight  Lesbian/gay woman  Pansexual | | | Prefer not to say  Prefer to self-describe: |

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you describe your ethnicity?** | | | |
| **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background | **Black/Black British**  African  Caribbean  Any other Black background | | **White/White British**  English/Northern Irish /Scottish/Welsh  Irish  Any other White background |
| **Other ethnic backgrounds**  Arab  Gypsy, Roma and Traveller  Any other ethnic background (please tell us here) | | **Mixed/Multiple ethnic groups**  Asian and White  Black African and White  Black Caribbean and White  Any other mixed/multiple groups | |
| **Do you consider yourself to have a disability?** | | | |
| Yes  No | | Prefer not to say | |
| **If you answered yes, which of the following apply to you:** | | | |
| Physical or mobility impairment  Sensory impairment  Learning disability or difficulties  Mental health condition | | Long term condition  Prefer not to say  Other (describe below): | |

|  |
| --- |
| **Data Protection** |
| As part of our volunteer management processes we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date on which it is submitted. Any information of this nature will be treated confidentially.  Sensitive personal data is defined as information relating to any of the following; racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexual orientation, offences and/or convictions.  Any information you give in this form will be kept on the Healthwatch Lambeth database and in accordance with the Data Protection Act will not be shared with anyone else without your permission.  For the purposes of the Data Protection Act 1998 the Data Controller is Folake Segun– Chief Executive Officer at Healthwatch Lambeth. |