**Rights of Women** **Equal Opportunities Monitoring Form**

Rights of Women is an equal opportunities employer. In order to measure the effectiveness of our procedures, we would be grateful if you would complete and return this form to us. Your answers will be treated in the strictest confidence and used only for statistical purposes. This form will not form part of the selection process. You do not have to answer any of these questions if you do not wish to.

**Where did you hear about this post?**

**How would you describe your gender?**

[ ] Female [ ] Male [ ] Non-binary [ ] Unsure/questioning [ ] Intersex [ ] Prefer not to say

[ ] Prefer to self-describe:………………………… [ ] Other [ ] I don’t understand the question

**Do you identify as trans?**

*A person is trans if they choose to live in a gender that is different to the one assigned at birth. This may or may not involve undergoing gender reassignment surgery.*

[ ] Yes [ ] No [ ] I don’t understand the question [ ] Prefer not to say

**How would you describe your sexual orientation?**

*A person is heterosexual if they form sexual, physical or romantic relationships primarily with people of the opposite sex. A person is a gay woman/lesbian if she forms sexual, physical or romantic relationships primarily with other women. A person is bisexual if they form sexual, physical or romantic relationships with both men and women.*

[ ] Bisexual [ ] Heterosexual/straight [ ] Gay woman/Lesbian

[ ] Prefer not to say [ ] Prefer to self-describe [ ] I don’t understand the question

**Are you married or in a civil partnership?**

[ ]  Married [ ]  Civil partnership [ ]  Neither

[ ] Prefer not to say [ ] I don’t understand the question

**Are you pregnant or on maternity leave?**

[ ]  Pregnant [ ]  Maternity leave [ ]  Neither

[ ] Prefer not to say [ ] I don’t understand the question

**How would you describe your religion or belief if any?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Agnostic | [ ]  Atheist | [ ]  Baha’i | [ ]  Buddhist |
| [ ]  Christian | [ ]  Hindu | [ ]  Humanist | [ ]  Jain |
| [ ]  Jewish | [ ]  Muslim | [ ]  Rastafarian | [ ]  Sikh |
| [ ]  Zoroastrian | [ ]  None | [ ]  Prefer not to say | [ ]  Don’t understand question |
| [ ]  Other *please write in* |  |  |  |

**How would you describe your ethnic origin?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. An ethnic group will usually have a long, shared history and its own cultural traditions which set it apart from other groups. An ethnic group may also have a shared language, literature, religion and geographical origin, and may also be a minority or oppressed group. The list of groups is designed to allow most people to identify themselves. The list is not intended to leave out any groups of people but to keep the collection of information simple.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Asian** | **Black** | **Mixed** | **Other**  |
| [ ]  British | [ ]  Indian | [ ]  African | [ ]  White and Asian | [ ]  Middle Eastern |
| [ ]  Irish | [ ]  Pakistani | [ ]  Caribbean | [ ]  White and Black African | [ ]  Latin American |
| [ ]  European | [ ]  Bangladeshi | [ ]  British | [ ]  White and Black Caribbean | [ ]  Prefer not to say |
|  | [ ]  British |  |  |  |
|  | [ ]  Chinese |  |  |  |
| [ ]  Any other white background, please write in: | [ ]  Any other Asian background, please write in: | [ ]  Any other Black background, please write in: | [ ]  Any other mixed background, please write in: | [ ] Any other ethnic group, please write in: |

[ ] Prefer not to say [ ] I don’t understand the question

**Do you consider yourself as disabled?** Yes [ ]  No [ ]

**If yes, how would you define your disability?**

[ ]  Blind or visual impairment [ ]  Deaf or hearing impairment

[ ]  Physical disability or disability that affects mobility [ ]  Learning disability

[ ]  Chronic illness (for example cancer, HIV, [ ]  Mental health

diabetes, heart disease, epilepsy)

[ ]  Don’t understand the question [ ]  Prefer not to say

[ ]  Other *(please write in)*:

**What is your age?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Under 16 | [ ]  22-24 | [ ]  45-54 | [ ]  Prefer not to say |
| [ ]  16-17 | [ ]  25-34 | [ ]  55-64 | [ ] I don’t understand the question |
| [ ]  18-21 | [ ]  35-44 | [ ]  65+ |  |

**Thank you for taking the time to complete this form**