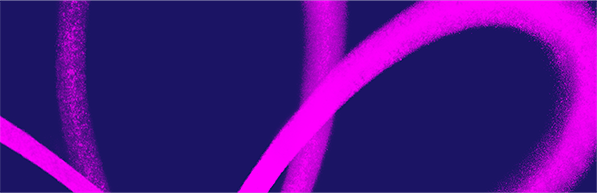
We collect this information to enable us to monitor the diversity of our volunteers and assess the effectiveness of our Equality, Diversity and Inclusion Policy. It will not be used in any other way and will be treated in confidence. If you would prefer not to disclose any of this information, please select the ‘prefer not to disclose’ option.

Volunteer Equal Opportunities Monitoring Form



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | |  | | | | | | | |
| Location of volunteering: | | | |  | | | | What is your date of birth? | | |  |
| Gender: | Male | Female | | | | | | | | | |
| How would you describe your ethnic origin? (Please tick one option only) | | | | | | | | | | | |
| Asian or Asian British | | | | | | | | | | | |
| Bangladeshi | | | Indian | | | Pakistani | | | | Chinese | |
| Any other Asian background, please state: | | | | |  | | | | | | |
| Black or Black British | | | | | | | | | | | |
| African | | | Caribbean | | | | | | | | |
| Any other black background, please state: | | | | |  | | | | | | |
| Mixed | | | | | | | | | | | |
| White and Asian | | | White and Caribbean | | | Pakistani | | | | Chinese | |
| Any other mixed background, please state: | | | | |  | | | | | | |
| Other ethnic group | | | | | | | | | | | |
| Arab | | | Any other ethnic background, please state: | | | | | |  | | |
| White | | | | | | | | | | | |
| British (English, Northern Irish, Scottish, Welsh) | | | | | | | Irish | | | | |
| Any other white background, please state: | | | | |  | | | | | | |
| Prefer not to say | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |
| --- | --- |
| What is your nationality? | |
|  | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your religion or belief? (Please tick one option only) | | | |
| No religion | Christian | Buddhist | Hindu |
| Jewish | Muslim | Sikh | Prefer not to say |
| Other, please state: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| What is your sexual orientation? (Please tick one option only) | | | |
| Bisexual | Gay man | Gay woman/lesbian | Heterosexual/straight |
| Other, please state: |  | | Prefer not to say |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability? | | |
| Yes | No | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you affected by dementia in any of the following ways? | | | |
| I have dementia | Yes | No | Prefer not to say |
| I am concerned about my memory | Yes | No | Prefer not to say |
| I am a carer | Yes | No | Prefer not to say |
| I am a former carer | Yes | No | Prefer not to say |