|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality & Diversity Form** | | | | | | |  | | **Anonymous monitoring** | | | | | | |
| Completion of all, or part, of this form is voluntary | | | | | | | | | | | | | | | |
| **Leeds Women’s Aid is an equal opportunities employer. To ensure the effectiveness of this policy and to assist in its development, we wish to monitor the diversity of our workforce in order to be as inclusive as we can be. If there is any part you would prefer not to complete, please leave blank.**  **The information you provide in this section will be treated as anonymous will be used for statistical purposes only.** | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Age** | | | |  | | |  | |  | |  | | |  | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Ethnic Origin (please tick)** | | | | | | |  | |  | |  | | |  | |
| **White** | | | **Mixed** | | | **Asian/Asian British** | | | | **Black/**  **Black British** | | | **Other ethnic minority** | | |
| British |  | | White & Black Caribbean | |  | Indian | |  | | Caribbean | |  | Arab | |  |
| Irish |  | | White & Black African | |  | Pakistani | |  | | African | |  | Gypsy, Romany, Irish Traveller | |  |
| Other |  | | White & Asian | |  | Bangladeshi | |  | | Other | |  | Other | |  |
|  |  | | Other | |  | Chinese | |  | |  | |  |  | |  |
|  |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Sexuality**  **(please tick)** | | | Heterosexual | |  | Lesbian | |  | | Bisexual | |  | Other/ Do not wish to disclose | |  |
|  | | |  | |  |  | |  | |  | |  |  | |  |
| **Do you consider yourself transgender?** | | | Yes | |  | No | |  | | Don’t know | |  | Do not wish to disclose | |  |
| If you consider yourself transgender, do you identify as: | | | | | | | | | | Female | |  | Male | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Are you disabled?** | | | | | | Yes | |  | | No | |  |  | |  |
| Nature of Disability | | | | |  |  | |  | |  | |  |  | |  |
| Mobility |  | | Visual Impairment | |  | Hearing Impairment | |  | | Progressive Disability/Chronic Illness | |  | Mental Health | |  |
| Learning Disability |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you identify in any other way that we have not asked about, or should we monitor anything else?** |  |  |  |  |  |
|  | | | | | |