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| **Disability Sport Yorkshire**  **Equality Monitoring Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability Sport Yorkshire 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. If you require an alternative format, please let us know using the email address below.  Please return the completed form separately from your application form and email this to the Chairperson, marking your email ‘Strictly Confidential’ to [juderussell485@gmail.com](mailto:juderussell485@gmail.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Man | | | | | | | |  | | | | | | Woman | | | | | | | | | | |  | | | | | Intersex | | | | | | | | | | | | | | | | | |  | | | | | | | | | Non-binary | | | | | | | | | | |  | | | Prefer not to say | | | | | | | | |  | | | |
| If you prefer to use your own term, please specify here….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you married or in a civil partnership** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | | | | | | | | | | | | | No | | | | | | | | | | |  | | | | | | | Prefer not to say | | | | | | | | | | | | | | |  | | | | |
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| **Age**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16-24** | | | | | | | | | | | | | **25-29** | | | | | | | | | | | | | | | | | | | **30-34** | | | | | | | | | | | | | | | | **35-39** | | | | | | | | | | | | | | | | **40-44** | | | | | | | | | | | **45-49** | | | | | | | | |
| **50-54** | | | | | | | | | | | | | **55-59** | | | | | | | | | | | | | | | | | | | **60-64** | | | | | | | | | | | | | | | | **65+** | | | | | | | | | | | | | | | | Prefer not to say | | | | | | | | | | | | | | | | | | | |
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| **Ethnicity**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | | |  | | | | | | Welsh | | | | |  | | | | Scottish | | | | | | | | | |  | | | | | Northern Irish | | | | | | | | |  | | | | Irish | | | | | |  | | | | | | British | | | | | |  | | | | | Gypsy or Traveller | | | |  | Prefer not to say | | | | | | | | |  |
| Any other white background, please write in…… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mixed/multiple ethnic groups** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White and Black Caribbean | | | | | | | | | | | | | | | | | | | | | | |  | | | | White and Black African | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | White and Asian | | | | | | | | | | | | | |  | Prefer not to say | | | | | | | | |  |
| Any other mixed background, please write in…… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian/Asian British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indian | | | | | |  | | | | | Pakistani | | | | | | | | | | | |  | | | | Bangladeshi | | | | | | | | | | | | |  | | | | | | Chinese | | | | | | |  | | | | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | |  | | |
| Any other mixed background, please write in… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Black/African/Caribbean/Black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Caribbean | | | | | | | | | | | | | | |  | | | | | | | | | | | Prefer not to say | | | | | | | | | | | | | | | |  | | | | | | | |
| Any other Black/African/Caribbean background, please write in…… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Ethnic Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arab | | | | | | | | | | | | | | |  | | | | Prefer not to say | | | | | | | | | | | | | | | | |  | | Any other ethnic group, please write in….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you consider yourself to have a disability or long term health condition?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | |  | | | | | | No | | | | | | | | | | | | | | |  | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, please discuss this with your manager, or the person running the recruitment process if you are a job applicant.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your sexual orientation?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | | |  | | | | Gay | | | | | | | |  | | | | Lesbian | | | | | | | | | | | |  | | Bisexual | | | | | | | | | |  | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| If you prefer to use your own term, please specify here….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your religion or belief?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist |  | | | Christian | | | | | | | | | | | |  | | | Hindu | | | | | | | |  | | | | Jewish | | | | | | | |  | | | | Muslim | | | | | | | |  | | | Sikh | | | | | | | |  | | | | No religion or belief | | | | | | | | | | | |  | | | | | |
| Prefer not to say | | | | | | | | | | | |  | | | | | If other religion or belief, please write in………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your current work pattern?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full-time | | | | | | | | | |  | | | | | | | | | | | | | | | | Part-time | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Prefer not to say | | | | | | | | | | |  | | | | | | | | | | | |
| **What is your flexible working arrangement?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | |  | | | Flexi-time | | | | | | | | | | | | | | |  | | | | Staggered hours | | | | | | | | | | | | | | | | |  | | | Term-time Hours | | | | | | | | | | | | | | | | | | |  | | Annualised Hours | | | | | | | | | | | | | |  | | | | |
| Job-share | |  | | | Flexible Shifts | | | | | | | | | | | | | | |  | | | | Compressed hours | | | | | | | | | | | | | | | | |  | | | Homeworking | | | | | | | | | | | | | | | | | | |  | | Prefer not to say | | | | | | | | | | | | | |  | | | | |
| If other please write in……… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have caring responsibilities?**  *Please put a X in the appropriate box* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Primary carer of a disabled child/children | | | | | | | | | | | | | | | | | | | |  | | | | | | | Primary carer of a disabled adult (!8 and over) | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Primary carer of older person | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Secondary carer (another person has main caring role | | | | | | | | | | | | | | | | | | | |  | | | | | | | None | | | | | | | | | | |  | | | Prefer not to say | | | | | | | | | | | |  | |