CCVS 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. We need your help and co-operation to enable it to do this.

Please return the completed form to [enquiries@cambridgecvs.org.uk](mailto:enquiries@cambridgecvs.org.uk)

|  |
| --- |
| **Gender** Man  Woman… Intersex… Non-binary…  Prefer not to say  If you prefer to use your own term, please specify here: |
| **Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say |
| **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.  Prefer not to say  White  English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Any other white background, please write in:  Mixed/multiple ethnic groups  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background, please write in:  Asian/Asian British  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please write in:  Black/ African/ Caribbean/ Black British  African  Caribbean  Any other Black/African/Caribbean background, please write in:  Other ethnic group  Arab  Any other ethnic group, please write in:  **Do you consider yourself to have a disability or health condition?**  Yes  No  Prefer not to say  What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:  The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |
| **What is your sexual orientation?**  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?**  No religion or belief  Buddhist  Christian  Hindu  Jewish Muslim  Sikh  Prefer not to say  If other religion or belief, please write in: |
| **Do you have caring responsibilities?** Please tick all that apply.  None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of older person  Secondary carer (another person carries out the main caring role)  Prefer not to say |