

## Global Generation Equal Opportunities Monitoring Form

As part of our commitment to the promotion of diversity and equal opportunities we monitor all applications for vacancies, people who take part in our activities and volunteer involvement. This helps us make sure that our organisation can reflect and act on how we engage with our communities.

We recognise that some people may see some of this information as personal and we have, therefore, included an option in most questions for 'prefer not to say'. You do not have to complete all of this form, but it will help us if you can complete as much as possible and return the form to us. The information contained within this form will be separated out from your contact information. It will not be used for any other purpose than for diversity monitoring. Thank you.

Please complete (tick) the following:

1. Age: **under 18yrs**  **18-30yrs**  **31 - 65yrs**  **over 65**  **Prefer not to say**

2. I would describe my ethnic origin as:

### A. Asian/Asian British

Bangladeshi

Indian

Pakistani

Chinese

Any other Asian background \_\_\_\_\_

### D. Mixed

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed background \_\_\_\_\_

### B. Black/African/Caribbean/Black British

African

Caribbean

Any other Black background \_\_\_\_\_

### E. Other ethnic group

Latinx

Arab

Any other ethnic background (specify here if you wish) \_\_\_\_\_

### C. White

English/Welsh/Scottish/Northern Irish/

British

Irish

Gypsy or Irish Traveller

Any other White background \_\_\_\_\_

### F. Other (specify here if you wish)

\_\_\_\_\_

### G. Prefer not to say

*The above are based on Census 2001 categories.*

3. My gender is:

<b>Man</b>	<input type="checkbox"/>	<b>Woman</b>	<input type="checkbox"/>	<b>Transgender</b>	<input type="checkbox"/>	<b>Non-binary/genderqueer</b>	<input type="checkbox"/>	<b>Prefer not to say</b>	<input type="checkbox"/>
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*For the purpose of this question 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to the one they were assigned at birth.*

4. I would describe myself as being of the following sexual orientation

<b>Bi-sexual</b>	<input type="checkbox"/>	<b>Heterosexual/straight</b>	<input type="checkbox"/>	<b>Gay man</b>	<input type="checkbox"/>
<b>Gay woman</b>	<input type="checkbox"/>	<b>Other (specify if you wish)</b>	<input type="checkbox"/>	<b>Prefer not to say</b>	<input type="checkbox"/>

5. Do you consider yourself to have a disability according to the terms given below?

<b>Yes</b>	<input type="checkbox"/>	<i>(specify here if you wish)</i>	<b>No</b>	<input type="checkbox"/>	<b>Prefer not to say</b>	<input type="checkbox"/>
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Office use only:

Name of project/ application:

Name of staff/ coordinator:

Date: