**DIVERSITY MONITORING – JOB APPLICANTS**

The Institute of Fundraising wishes to build an accurate picture of the make-up of its job applicants. We need your help and co-operation to enable us to do this, but filling in this survey is entirely voluntary. Your responses will be stored securely and access will be limited to only some staff in the organisation’s senior management team. Data will be used to produce an aggregated report for our Trustees. No personal identifying information will be collected during the survey.

1. **What is your gender identity?**

Man (including trans man)

Woman (including trans woman)

Other gender identity (e.g. androgyne person)

Prefer not to say

1. **Is your gender identity the same as the gender you were originally assigned at birth?**

Yes

No

Prefer not to say

1. **Have you ever identified as a transgender person?**

Yes

No

Prefer not to say

1. **Please provide any further information about your gender identity if you wish.**
2. **Are you married or in a civil partnership?**

Yes

No

Prefer not to say

1. **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.

White – English

White – Welsh

White – Scottish

White – Northern Irish

White – Irish

White – British

White – Gypsy or Irish Traveller

White – Prefer not to say

Mixed/Multiple Ethnic Groups – White and Black Caribbean

Mixed/Multiple Ethnic Groups – White and Black African

Mixed/Multiple Ethnic Groups – White and Asian

Mixed/Multiple Ethnic Groups – Prefer not to say

Asian/Asian British – Indian

Asian/Asian British – Pakistani

Asian/Asian British – Bangladeshi

Asian/Asian British – Chinese

Asian/Asian British – Prefer not to say

Black/African/Caribbean/Black British – African

Black/African/Caribbean/Black British – Caribbean

Black/African/Caribbean/Black – Prefer not to say

Other ethnic group – Arab

Other ethnic group – Prefer not to say

Any other ethnic group, please write in:

1. **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 act as a Director of People and Resources? Please write in below.

Please note that the information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment to assist you in the execution of your duties as a Director of People and Resources, then please discuss this with the Chief Executive.

1. **What is your sexual orientation?**

Heterosexual

Gay woman/lesbian

Gay man

Bisexual

Prefer not to say

If other, please write in:

1. **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:

1. **Do you have caring responsibilities? If yes, please tick all that apply.**

None

Primary carer of a child/children (under 18)

Primary carer of a disabled child/children

Primary carer of a disabled adult (18 and over)

Primary carer of an older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

Thank you for taking the time to complete this form.