

Equal Opportunities Monitoring

FetLor Youth Club welcomes applicant, volunteer, intern, and employee diversity and is committed to its equal opportunities policy. The aim of this policy is to ensure that no applicant, volunteer, intern, or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant, volunteer, intern, or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy provide the following info		emented and monitored,	and for no other reason, please
Please state your age in y	ears:		
I would describe my ethn	ic group as:		
A) White			
□ British □ Irish	Scottish [Other White backgrou	nd (specify if you wish):
B) Mixed			
☐ White & Black Cari	ibbean \square Wh	ite & Black African	Whi□ & Asian
Other Mixed backs	ground (specify if you v	wish):	
C) Asian or Asian British			
□ Indian	☐ _{Pakistani}	☐ Bangladeshi	☐ Chinese
☐ Any other Asian ba	ackground (specify if yo	ou wish):	
D) Black or Black British			
☐ Caribbean	☐ African	☐ Any other Blac	ck background:
E) Any other background			
\square Specify if you wish	:		
F) Prefer not to say			



I would describe	my gender as:					
☐ Male	☐ Female		Non-bina	ry		
* If you are under	rgoing gender reassigr	nment, plea	se tick the	box that applie	s to your future gende	er.
I would describe	my sexual orientation	n as:				
☐ Bisexual	☐ Gay	☐ Heter	osexual	Lesbian	☐ Prefer not to s	say
Other (ple	ease specify if you wish	า):				
I would describe	my religion or belief a	as:				
☐ Buddhist	☐ Christian ☐ Hi	indu 🗆	Jewish	☐ Muslim	Sikh	
☐ None	☐ Prefer not to say		Other (pl	ease specify if y	you wish):	
Do you consider of Discrimination Act	yourself to have a dis ct (DDA) 1995?	ability or ar	e you regi	stered disabled	l under the Disability	
term adverse effer impairment inclu- impairment inclu- examples of impa- could be consider impairment, hear	n is someone who has ect on his/her ability to ides sensory impairm des learning difficultie irments or long-term ered disabilities (pleas ring impairment, dysle hy, cerebral palsy, hea	co carry out nent such es or a men conditions (se note this exia, severe	normal da as blindne tal health (likely to las s list is no facial disfig	ny-to-day activings, partial sight condition (depring to langer than 1 exhaustive) agurement, Croh	ties. Please note that nt and hearing loss. ression or schizophrer .2 months or likely to r are: diabetes, epileps	a physical A mental nia). Some recur) that ty, speech
☐ Yes	□ No					
If yes, please indi	icate the nature of yo	ur disability	y or long-to	erm condition:		
☐ Long-stan	ding illness or health o	condition [s	uch as can	cer, HIV, diabet	es, chronic heart dise	ase, or epilepsy]
☐ Mental he	ealth condition [such a	s depressio	n or schizo	phrenia]		срперзуј
Physical ir	npairment or mobility	issues [diff	iculty using	g limb(s); using	a wheelchair or crutcl	hes]
Deaf or se	rious hearing impairm	nent				
☐ Blind or se	erious visual impairme	ent				



☐ Specific learning disability [such as dyslexia or dyspraxia]
☐ General learning disability [such as Down's syndrome]
Cognitive impairment [such as autistic spectrum disorder, or resulting from head injury]
Other type of disability or long-term condition
ease indicate the length of time you have had the condition and, if you wish, provide additional formation about your disability or long-term condition:
ease advise us of any reasonable adjustments we would need to consider if you were invited to
terview for this role - for example, access or alternative equipment:
terview for this role - for example, access or alternative equipment:
terview for this role - for example, access or alternative equipment:
terview for this role - for example, access or alternative equipment:
lease advise us of any reasonable adjustments we would need to consider if you were accepted for the osition:
ease advise us of any reasonable adjustments we would need to consider if you were accepted for the
ease advise us of any reasonable adjustments we would need to consider if you were accepted for the

Thank you for completing this form; please return it with your application. The information will be used to evaluate the implementation of FetLor Youth Club's equal opportunities policy, and will not be considered as part of the recruitment process.