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Reference Number:

**Equalities Monitoring Form**

Volunteer Glasgow is committed to ensuring its volunteering and employment opportunities are open to all sections of the community and to working with partners to reduce barriers to participation. The information gathered on this form is helpful in this and will only be used to report on the range of people interested in working with us. **This form is not part of the selection process and will not be seen by those involved in that process.** You do not have to answer any or all of the questions in the form but it is a great help to us if you do.

How would you describe yourself?

|  |  |
| --- | --- |
| 1. **Date of Birth** | / / (DD/MM/YY) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Sex** (please tick one box only) | | | | | | |
|  | Female |  | Male |  | Prefer not to say |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Sexual Orientation** (please tick one box only) | | | | | | | | | | | |
|  | Gay Woman/ Lesbian | | |  | Bisexual |  | Heterosexual |  | Prefer not to say | |
|  | Gay man |  | Other (please specify): | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Gender identity** (please tick one box only) | | | | | | |
| Do you identify as Trans? | | | | | | |
|  | Yes |  | No |  | Prefer not to say |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Marriage and Civil Partnership** (please tick one box only) | | | | | | |
| Are you married or in a civil partnership? | | | | | | |
|  | Yes |  | No |  | Prefer not to say |

|  |  |
| --- | --- |
| 1. **Ethnicity** (please tick one box only) |  |

**White**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Scottish |  | Other British |  | Irish |  | Other (Please state) | ………………… |

**Black**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Black Scottish or British |  | Carribean |  | African |  | Other (Please state) | ……………… |

**Asian**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Asian Scottish or British |  | Indian |  | Bangladeshi |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Pakistani |  | Chinese |  | Other (Please state) | ……………………… |

**Mixed** (Please state) …………………………………………………………..

**Other Ethnic Backgrounds** (Please state) …………………………………..

|  |  |
| --- | --- |
|  | |
|  | Prefer not to say |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Religion or Belief** (please tick one box only) | | | | | | | | | |
|  | No Religion |  | Buddhist |  | Christian |  | Hindu |  | Jewish | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Muslim |  | Sikh |  | Other |  | Prefer not to say |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Employment Status** (please tick all that apply) | | | | | | |
|  | Employed Full Time/ Part Time |  | Self-Employed |  | Jobseekers Allowance |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Employment Support Allowance |  | Income Support |  | School |  | Retired |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Further/ Higher Education |  | Unwaged |  | Full Time Parent |  | Asylum Seeker |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Universal Credit |  | Carer |  | Refugee |  | Prefer not to say |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Disability – do you consider yourself to have** (please tick all that apply) | | | | | | |
|  | No disability or impairment |  | Hearing impairment |  | Visual impairment |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | A learning disability |  | A physical impairment |  | A mental health condition |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Any other disability or impairment |  | Prefer not to say |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Pregnancy and Maternity** (please tick one box only) | | | | | | |
| Are you pregnant, on maternity leave or returning from maternity leave? | | | | | | |
|  | Yes |  | No |  | Prefer not to say |