

Equality, Diversity and Inclusion Monitoring Form

Impact Funding Partners is committed to meeting the aims and commitments as set out in our Equality, Diversity and Inclusion Policy. This includes promoting equality of opportunity and ensuring we do not discriminate under the Equality Act 2010.

We invite you to complete this form to help us understand the diversity of our workforce. This information collected will support us in maintaining equal opportunities best practice and identifying any barriers to equality and diversity.

Completing this form is entirely voluntary. You do not have to answer any of the questions, but the more information you provide, the more effective our monitoring will be. All questions are optional.

The information you provide will be kept strictly confidential. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during your time with us as an employee, trustee, contractor, or in any other capacity.

Thank you for your assistance.

1. About the vacancy/role (if applicable)

Please state which role you have applied for and the closing date given for applications.

Role applied for: _____

Closing date for applications: _____

Where did you hear about the role? _____

If you are a staff or trustee of IFP please tick ☐

2. Race & ethnic Category

Please tick the box below which best describes the ethnic category to which you belong:

A. White

☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish

☐ Gypsy or Irish Traveller ☐ Other: _____

B. Mixed/Multiple Ethnic Groups – please also tick one of the boxes below:

☐ White & Black Caribbean ☐ White & Black African

☐ White & Asian ☐ Other _____

C. Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

☐ Other: _____

D. Black/African/Caribbean/Black British

☐ African ☐ Caribbean ☐ Other

E. Other Ethnic Group

☐ Arab ☐ Other: _____

F. ☐ Prefer not to disclose

3. Gender

☐ Male ☐ Female ☐ Prefer not to disclose

☐ Prefer to self-describe, please say
how: _____

Gender Reassignment

Is the gender you identify with the same as your sex recorded at birth?

☐ Yes ☐ No ☐ Prefer not to say

4. Age

What is your age?

☐ 19 or under ☐ 20 to 29 ☐ 30 to 39 ☐ 40 to 49 ☐ 50 to 59

☐ 60 to 69 ☐ 70+ ☐ Prefer not to say

5. Disability

Please state if you have a disability, impairment or health condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the Equality and Human Rights Commission on 0845 604 6610 or <https://www.equalityhumanrights.com/en>)

Do you have a long-term physical or mental disability, impairment, or health condition that has a long-term effect on your daily activities?

☐ Yes ☐ No ☐ Prefer not to disclose

6. Neurodivergent

Do you identify as neurodivergent (e.g., autism, dyslexia, ADHD, dyspraxia, or other)?

☐ Yes ☐ No ☐ Prefer not to disclose

7. Religion or Belief

Please state your Religion:

☐ No Religion or Belief ☐ Buddhist ☐ Jewish ☐ Muslim ☐ Sikh
☐ Hindu ☐ Christian (Church of England, Catholic, Protestant and all other Christian denominations)
☐ Any other religion ☐ Prefer not to disclose

8. Sexual Orientation

Please indicate your sexual orientation:

☐ Asexual ☐ Bisexual ☐ Gay ☐ Lesbian ☐ Pansexual ☐ Questioning ☐
Prefer to self-describe, please say how _____
☐ Prefer not to say

9. Marital/civil partnership status?

☐ married ☐ civil partnership ☐ single ☐ divorced or separated
☐ widowed ☐ prefer not to disclose ☐ cohabiting ☐ none of these/other

The information at 10 and 11 is collected for monitoring purposes and to help us understand employee preferences. Submitting a preference does not guarantee that a particular arrangement can be accommodated.

10. What is your preferred working pattern?

☐ Full-time ☐ Part-time ☐ Prefer not to disclose

11. What is your preferred flexible working arrangement?

☐ None ☐ Flexitime ☐ Staggered hours ☐ Term-time shifts
☐ Annualised hours ☐ Job-share ☐ Flexible shifts
☐ Compressed hours ☐ Homeworking ☐ Blended working

☐ Prefer not to disclose

12. Do you have caring responsibilities? If yes, 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