

equality and diversity monitoring form

Yorkshire's Brain Tumour Charity wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form via email to Marie Peacock at info@yorksbtc.org.uk with your completed application form and GDPR consent form or in the post to Marie Peacock, Chief Executive Officer, Yorkshire's Brain Tumour Charity, 31 Otley Road, Headingley, Leeds LS6 3AA. Information given on this form will be kept in strictest confidence.

Gender

Man
Woman
Intersex
Non-binary
Prefer not to say
If you prefer to use your own term, please specify here

Are you married or in a civil partnership?

Yes
No
Prefer not to say

Age

16-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65+
Prefer not to say

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
Welsh
Scottish
Northern Irish
Irish
British
Gypsy or Irish Traveller
Prefer not to say
Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Prefer not to say
Any other mixed background, please write in:

Asian/Asian British

Indian
Pakistani
Bangladeshi
Chinese
Prefer not to say
Any other Asian background, please write in:



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YBTC, 31 Otley Road, Headingley, Leeds, LS6 3AA

Registered Charity No: 1095931



Black/ African/ Caribbean/ Black British

African
Caribbean
Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab
Prefer not to say
Any other ethnic group, please write in:

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 give your best at work?
Please write in here:*

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual
Gay
Lesbian
Bisexual
Prefer not to say
If you prefer to use your own term, please specify here:

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:

What is your current working pattern?

Full-time
Part-time
Prefer not to say

What is your flexible working arrangement?

None
Flexi-time
Staggered hours
Term-time hours
Annualised hours
Job-share
Flexible shifts
Compressed hours
Homeworking
Prefer not to say
If other, please write in:

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