

## EQUAL OPPORTUNITIES MONITORING FORM

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Befrienders Highland is committed to ensure that we do not discriminate directly or indirectly against any person or group of people on the grounds of gender reassignment, age, marriage or civil partnership, sexual orientation, disability, religion or belief, sex, pregnancy or maternity and race in relation to both service provision and the recruitment and selection of staff and volunteers.

To help us to implement and to monitor this policy, friends, volunteers and job applicants are asked to provide the information below by ticking boxes in each section as requested. Information is provided anonymously, will be treated in the strictest confidence and will be used for statistical purposes only, then destroyed securely.

**You do not have to complete this form, and if you choose not to it will not influence your application to Befrienders Highland in any way.**

<b>Monitoring Criteria</b>		✓		✓		✓
<b>Gender</b>	Female		Male		Prefer not to say	
Do you identify as transgender*	Yes		No		Prefer not to say	
<b>Age Group</b>	18 - 25		26 - 36		37 - 49	
	50 - 64		65 +		Prefer not to say	

\*(an individual who lives, or wants to live full time in the gender opposite to that they were assigned at birth?)

<b>What is your sexual orientation?</b>	✓	<b>What is your marital status?</b>	✓
Bisexual		Single	
Heterosexual/straight		Married	
Gay woman		Divorced	
Gay man		Widowed	
Other		Civil Partnership	
Prefer not to say		Prefer not to say	

<b>Do you have a religion or belief?</b>	Yes		No		Prefer not to say	
<b>If yes, please specify:</b>						
Christian						
Buddhist						
Hindu						
Jewish						
Muslim						
Sikh						
Any other religion (please write in)						

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<b>Ethnic Group – Choose one category A – F, then tick the appropriate box to indicate your ethnic group</b>		✓	
<b>A</b>	<b>White</b>	UK	
		Irish	
		Other	
<b>B</b>	<b>Mixed/Multiple ethnic groups</b>	White & Black Caribbean	
		White & Black African	
		White & Asian	
		Any other mixed background (please write in)	
<b>C</b>	<b>Asian or Asian British</b>	Indian	
		Pakistani	
		Bangladeshi	
		Any other Asian background (please write in)	
<b>D</b>	<b>Black or Black British</b>	Caribbean	
		African	
		Any other Black background (please write in)	
<b>E</b>	<b>Chinese or other ethnic group</b>	Chinese	
		Any other (please write in)	
<b>F</b>	<b>Not stated</b>	Not stated	

<b>Disability – Do you consider yourself to have a disability?</b>	Yes		No	
<b>If you have answered yes, please indicate the type of impairment which applies to you, by ticking the box next to it.</b>				
Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches				
Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment				
Mental health condition, such as depression or schizophrenia				
Learning disability (such as Down’s syndrome or dyslexia), or cognitive impairment (such as Autism or head-injury)				
Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy				
Other (Please specify)				

*Thank You. Please return this form to:*  
[admin@befriendershighland.org.uk](mailto:admin@befriendershighland.org.uk)

Staff/Volunteer

Friend/Carer

Date Returned: