

EQUALITY AND DIVERSITY QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Coventry Haven Women's Aid is committed to diversity in all aspects of employment. The information provided in this form will help us to comply with relevant employment law and to ensure that our employment practices are consistent, fair and effective. Your responses will be treated in confidence and used for statistical monitoring purposes except in the case of disability where it will be used to identify reasonable steps that we can take to help you through the selection process.

This form is divided into seven parts and you are asked to complete all sections.

<input type="checkbox"/> Paid Staff <input type="checkbox"/> Board of Director <input type="checkbox"/> Volunteer <input type="checkbox"/> Student placement	
Please tick which role applies to you.	
1. ETHNIC ORIGIN	
How would you define your ethnic origin? Choose ONE section from A to F , and then tick the appropriate box.	
A White <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background, please specify	B Mixed or Mixed British: <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background, please specify
C Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other background, please specify	D Black or Black British: <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other black background, please specify
E Chinese or Chinese British: <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background, please specify	F <input type="checkbox"/> Not declared <input type="checkbox"/> Prefer not to say

2. DISABILITY

The Equality Act (2010) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities. For the purposes of the Act, these words have the following meanings:

- “substantial” means more than minor or trivial
- “long-term” means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- “normal day-to-day activities” include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

Do you consider yourself to have a disability? Yes No Prefer Not to say

3. GENDER

Are you? Male Female Transgender Male Transgender Female
 Prefer Not to say

4. AGE (please tick the appropriate box)

Are you? 16 – 24 25 – 34 35 – 44
 45 – 54 55 – 64 65 +
 Prefer Not to say

5. RELIGION OR BELIEF

Are you? Anglican Catholic Presbyterian Other Christian Buddhist Hindu
 Jewish Muslim Sikh Other Religion/Belief, please specify
 No religion/belief Prefer Not to say

6. SEXUAL ORIENTATION

Are you? Heterosexual Lesbian Gay Bisexual
 Prefer not to say

7. CARING RESPONSIBILITIES

Do you have any care responsibilities for anyone? Yes No Prefer Not to say

If 'Yes' are they?

Children under 16 Sick or Elderly Disabled

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

QUESTIONS AND ANSWERS

What information will be collected?

This questionnaire asks you to categorise yourself by ethnic group, disability, gender, religion/belief, sexual orientation and whether you have care responsibilities. This data will be added to the information that is held on a securely locked manual file by the Senior Manager.

What will happen to the monitoring form?

Only Senior Management has access to the data you have provided.

What will the information be used for?

This form will contain anonymised sensitive personal data which will be processed in accordance with the GDPR regulation. Please contact dataprotection@coventryhaven.co.uk for further information or to see our Privacy Statement.

The data will help us to review employment policies and practices particularly relating to the diversity of our workforce. **Individuals are not identifiable on any reports or summaries produced.**

Who can I contact for additional information?

Should you require any further information please contact the Senior Management Team on 02476 444077.