**Equality and Diversity Monitoring Form**

Wildlife and Countryside Linkaims to be a diverse employer. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce to help 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.

**Gender** Man  Woman  Intersex  Non-binary Prefer not to say

If you prefer to self-describe, please specify here ……………………………………………………………….

**Does the gender you live in match the gender you were assigned at birth?** Yes  No

**What is your sexual orientation?**

Heterosexual  Gay or lesbian  Queer  Bisexual  Prefer not to say

Prefer to self-describe: ……………………………………………….………………………………………………...

**Age** 17 or under  18-24 25-34 35-44 45-55 56-64 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***

British  English  Welsh  Scottish  Northern Irish  Irish

Gypsy or Irish Traveller  White Roma  White other  Prefer not to say

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Asian other  Prefer not to say

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Black British

Other Black/ African/ Caribbean/ Black British background Prefer not to say

**Latin/South/Central American**

**Arab**

**Jewish**

***Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

White and Latin/South/Central American  Any other Mixed/Multiple ethnic background  Prefer not to say

***Other ethnic groups***

Any other ethnic group, please self-describe here (optional):

Prefer not to state my ethnicity

**Do you consider yourself to have a specific learning disability, other disability, impairment or health condition?**

Yes No  Don’t know  Prefer not to say

**Please describe your disability, impairment, or long-term health condition. Please select all that apply:**

Cognitive differences – learning disability  Cognitive differences – learning difficulty Cognitive differences – neurodivergent  Cognitive differences – any other    
Long term health condition  Mental health

Physical impairment – mobility  Physical impairment – any other

Physical impairment – visual impairment / partial sight / sight loss    
Physical impairment – hard of hearing / deaf / hearing loss    
Prefer not to say    
None    
Other disability not listed above [please describe below – optional]

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