**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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