

Friends of Westonbirt Arboretum (FOWA)
EQUALITY & DIVERSITY MONITORING FORM

FOWA aims to be an equal opportunities employer and therefore needs to monitor the people who are involved with the organisation. Please complete this form which will help us monitor our Equal Opportunities Policy and Practice.

This form is confidential and the information given will be used for statistical purposes only.

This form or any part of the information therein, will not be attached to your application form but retained separately. It does not form part of the recruitment decision-making process.

Please mark one entry in each box

A – Nationality

- | | |
|------------------------------------------------------|----------------------------------------------------------|
| a) <input type="checkbox"/> British or mixed British | b) <input type="checkbox"/> English |
| c) <input type="checkbox"/> Irish | d) <input type="checkbox"/> Scottish |
| e) <input type="checkbox"/> Welsh | f) <input type="checkbox"/> Other (please specify) _____ |

B – Ethnic origin

Asian or Asian British

- | | |
|-----------------------------------------|----------------------------------------------------|
| a) <input type="checkbox"/> Bangladeshi | b) <input type="checkbox"/> Indian |
| c) <input type="checkbox"/> Pakistani | d) <input type="checkbox"/> Other (please specify) |

Black or Black British

- | | |
|---------------------------------------------------------------------|---------------------------------------|
| e) <input type="checkbox"/> African | f) <input type="checkbox"/> Caribbean |
| g) <input type="checkbox"/> Other black background (please specify) | |

Chinese or Chinese British

- | | |
|-------------------------------------|------------------------------------------------------------|
| h) <input type="checkbox"/> Chinese | i) <input type="checkbox"/> Other Chinese (please specify) |
|-------------------------------------|------------------------------------------------------------|

Mixed

- | | |
|---------------------------------------------------|---------------------------------------------------------------------|
| j) <input type="checkbox"/> White/Black Caribbean | k) <input type="checkbox"/> White/Black African |
| l) <input type="checkbox"/> White/Asian | m) <input type="checkbox"/> Other mixed background (please specify) |

White

- | | |
|---------------------------------------------|-------------------------------------------------------------------------|
| n) <input type="checkbox"/> British | o) <input type="checkbox"/> Irish |
| p) <input type="checkbox"/> Gypsy/Traveller | q) <input type="checkbox"/> Any other white background (please specify) |

Other

- | | |
|--------------------------------------------------------|-----------------------------------------------|
| r) <input type="checkbox"/> Any other (please specify) | s) <input type="checkbox"/> Prefer not to say |
|--------------------------------------------------------|-----------------------------------------------|

C – Gender

- | | |
|-----------------------------------------|-----------------------------------------------|
| a) <input type="checkbox"/> Male | b) <input type="checkbox"/> Female |
| c) <input type="checkbox"/> Transgender | d) <input type="checkbox"/> Prefer not to say |

D – Disability

Do you consider yourself to be a Disabled Person?

- a) Yes
b) No
c) Prefer not to say

E – Age

- a) 18-24 b) 25-34 c) 35-44 d) 45-54
e) 55-64 f) 65+ g) Prefer not to say

F – Faith or beliefs

- a) Christian b) Muslim
c) Hindu d) Sikh
e) Jewish f) Other
g) None h) Prefer not to say

G – Sexual orientation

- a) Heterosexual b) Lesbian, gay, bisexual
c) Prefer not to say

Thank you – Please return this form along with your application