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Volunteer Equal Opportunities Monitoring Form

We want to make sure that our volunteering is as widely available as possible.

We will only use this information on this form to help us to identity gaps or barriers to volunteering. The information in this form is not used as part of your recruitment.

Please fill in as much of the information as you feel comfortable with.

This form is anonymous and confidential.

If you are having problems completing this form, please ask someone to help you.

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| **Age** |
| 🞎 18-24 🞎 25-34 🞎 35-44 🞎 45-54 🞎 55-64 🞎 65+ 🞎 Prefer not to answer |

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| **Gender** |
| 🞎 Female 🞎 Non-binary  🞎 Prefer not to answer 🞎 Other (please state) ­­­­­ |

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| **Do you identify with the gender you were assigned at birth?** |
| 🞎 Yes 🞎 No 🞎 Prefer not to answer |

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| **Please select the option which best describes your sexual orientation** | | |
| 🞎Heterosexual  🞎 Lesbian  🞎 Bisexual | 🞎 Unsure  🞎 Queer  🞎 Gay | 🞎 Pansexual  🞎 Prefer not to say  🞎Other ………………………….. |

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| **Please state any type of impairment which applies to you. People may have more**  **than one type of impairment, in which case you may indicate more than one.**  **If none of the categories apply, please mark ‘other’.** | | |
| 🞎 Physical Impairment  🞎 Long-standing illness  🞎 Sensory Impairment | 🞎 Learning Disability/Difficulty  🞎 Mental Health  🞎 I do not wish to disclose this | **🞎** Other (please state)  ........................................... |

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| **Religion or belief (please circle/highlight)** | | | |
| My religion/belief is | I have no particular religion | Other (please state) | I do not wish to disclose this |

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| **Which area do you live in?** | | | |
| 🞎 BN1 | 🞎 BN2 | 🞎 BN3 | 🞎 BN-other (please state)................. |

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| **Employment status** | | |
| 🞎 F/T employed  🞎 P/T employed  🞎 Self-employed | 🞎 Unemployed  🞎 Student  🞎 House person | 🞎 Not employed 🞎 Unable to work 🞎 Retired |

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| **Are you a carer?** | | |
| 🞎 Yes  🞎 F/T  🞎 P/T | 🞎 No | 🞎 I do not wish to disclose this |
| **If yes, do you care for a** | | |
| 🞎 Parent 🞎 Child 🞎 Other family member 🞎 Partner / spouse 🞎 Friend  🞎 Other …………………………………………………….. | | |

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| **Are you a parent?** | |
| 🞎 Yes | 🞎 No |
| **Are you a lone parent?** | |
| 🞎 Yes | 🞎 No |

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| **Ethnicity** | | |
| **I would describe my ethnic origin as** | | |
| 🞎**White**  🞎English  🞎Welsh  🞎Scottish  🞎Northern Irish  🞎 British  🞎 Other White heritage    🞎**Asian**  🞎Asian or Asian British  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Chinese  🞎 Other Asian heritage | 🞎**Black or Black British**  🞎 African  🞎 Caribbean  🞎Sudanese  🞎 Other Black heritage  🞎**Mixed Heritage**  🞎 Asian & White  🞎 Asian & Black African  🞎Asian & Black Caribbean  🞎 White & Black African  🞎White &Black Caribbean  🞎 Other mixed heritage | 🞎**Other Ethnic Group**  🞎Turkish  🞎Arab  🞎Japanese  🞎Traveller  🞎Gypsy  🞎 Other ethnic group  (please give details)  ……………………………………...  🞎 I do not wish to disclose this |

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| **Are you volunteering elsewhere?** | **🞎 Yes** | 🞎 **No** |

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| **Where did you find out about volunteering with BWC?** |  |

Thank you for completing this form.

**For this form with larger print, please contact** [**emmawalsh@womenscentre.org.uk**](mailto:emmawalsh@womenscentre.org.uk)