# Equality and diversity monitoring form

Sobus wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce 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. The information provided will be kept confidential and will be used anonymously for monitoring purposes and to illustrate the diversity within our team of staff, volunteers and trustees

If you have any questions about this form, please contact: [sue.spiller@sobus.org.uk](mailto:sue.spiller@sobus.org.uk). Please return the completed form to [sue.spiller@sobus.org.uk](mailto:sue.spiller@sobus.org.uk) with the heading: ED Monitoring

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| **Gender** | | | | | | | | Male | | | | | | | | | | |  | | | Female | | | | | | | |  | | | | | Intersex | | | | | |  | | |
| Non binary | | | | | | | | | | |  | | | Prefer not to say | | | | | | | | | | | | | | | | | | |  | | |
| If you prefer to use your own gender identity, please write in: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Is the gender you identify with the same as your gender registered at birth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | |  | | | No | | | | | | | | | | | | | | |  | | | | Prefer not to say | | | | | | | | | | | | | | |  | | |
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| **Age group** | | | 16-24 | | | | | | | |  | | | | 25-29 | | | | | | | |  | | 30-39 | | | | | | | |  | | | | 40-49 | | | |  | | |
| 50-59 | | | | | | | |  | | | | 60-65 | | | | | | | |  | | 65+ | | | | | | | |  | | | | Prefer not to say | | | |  | | |
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| **How would you describe your ethnicity?**  Ethnicity is not about nationality, place of birth or citizenship. It is about the group or community to which you perceive you belong. Please tick the appropriate box. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian or Asian British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indian | | | | |  | | | | Pakistani | | | | | | | | | | | |  | | | Bangladeshi | | | | | | | | | | | | | |  | Chinese | |  | | |
| Prefer not to say | | | | |  | | | | Any other Asian background (please write in) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Black, African, Caribbean or Black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African | | | | |  | | | | Caribbean | | | | | | | | | | | | | | | | | |  | Prefer not to say | | | | | | | | | | | | | | |  |
| Any other Black, African or Caribbean background, please write in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Mixed or Multiple ethnic groups** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White and Black Caribbean | | | | | | | | | | | | | | | |  | | White and Black African | | | | | | | | | | | | | | | | | |  | | White and Asian | | | | |  |
| Prefer not to say | | | | | |  | | | | Any other mixed or multiple background, please write in: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English | | | | | | | | | | | | | | | |  | | Welsh | | | | | | | | | | | | | | | | | |  | | Scottish | | | | |  |
| Northern Irish | | | | | | | | | | | | | | | |  | | Irish | | | | | | | | | | | | | | | | | |  | | British | | | | |  |
| Gypsy or Irish Traveller | | | | | | | | | | | | | | | |  | | Western European | | | | | | | | | | | | | | | | | |  | | Prefer not to say | | | | |  |
| Any other white background, please write in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Any other ethnic group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arab |  | Prefer not to say | | | | | | | | | | | |  | | | Any other ethnic group, please write in: | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Do you consider yourself to have a disability or long term health condition?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | |  | | | | No | | | | | | | | | | | | | | | | | |  | | | | | Prefer not to say | | | | |  | | |
| If yes, what is the effect or impact of your disability or health condition on your work? Please outline any access needs or “reasonable adjustments” you may require. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your sexual orientation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | | | | |  | | | Lesbian or Gay | | | | | | | | | | | | | | | | | |  | | | | Bisexual | | | | | | | | |  |
| Asexual | | | | | | | | |  | | | Pansexual | | | | | | | | | | | | | | | | | |  | | | | Undecided | | | | | | | | |  |
| Prefer not to say | | | | | | | | |  | | | If you prefer to use your own identify, please write in below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your religion or belief?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No religion or belief | | | | | | | | |  | | | Buddhist | | | | | | | |  | | Christian | | | | | | |  | | | Hindu | | | | | | | | | | |  |
| Jewish | | | | | | | | |  | | | Muslim | | | | | | | |  | | Sikh | | | | | | |  | | | Prefer not to say | | | | | | | | | | |  |
| If other religion or belief, please write in: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Do you have caring responsibilities? If yes, please indicate all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | | | | | | |  | | | Prefer not to say | | | | | | | | | | | | | | | | | |  | |
| Primary carer of a child/children under 18 | | | | | | | | | | | | | | | | | | | | |  | | | Primary carer of a disabled child/children | | | | | | | | | | | | | | | | | |  | |
| Primary carer of a disabled adult (18+) | | | | | | | | | | | | | | | | | | | | |  | | | Primary carer of an older person | | | | | | | | | | | | | | | | | |  | |
| Secondary carer (another person carries out the main caring role) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |