**Healthwatch Bradford and District** is committed to meet the aims and commitments set out in its equality and diversity policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of its staff and volunteers 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.

You can complete this form manually or electronically. To complete electronically open the document in *word*, click the *view* menu and select *edit document.* Complete the document by typing in the shaded areas and when completed *save* the document.

Please return the completed form in the envelope marked ‘Strictly confidential’ to Healthwatch, Central Hall, Keighley, BD21 3JD or via email to [volunteer@healthwatchbradford.co.uk](mailto:volunteer@healthwatchbradford.co.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | | | | | | | | | | | | | | | | | | | | | |
| Man | Woman | | | | | Intersex | | | | | Non-binary | | | | | | | | Prefer not to say | | | |
| If you prefer to use your own term, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| **Are you married or in a civil partnership?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | | | | | | | | | | | |
| **Age** | | | | | | | | | | | | | | | | | | | | | | |
| 16-24 | | | 25-29 | | | | 30-34 | | | | | 35-39 | | | | | | | | 40-44 | | |
| 45-49 | | | 50-54 | | | | 55-59 | | | | | 60-64 | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***White*** | | | | | | | | | | | | | | | | | | | | | | |
| English | | | Welsh | | | | Scottish | | | | | | | Northern Irish | | | | | | | | Irish |
| British | | | Gypsy or Irish traveller | | | | | | | | | | | | | | Prefer not to say | | | | | |
| Any other white background, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***Mixed/multiple ethnic groups*** | | | | | | | | | | | | | | | | | | | | | | |
| White and Black Caribbean | | | | | | | | | | | | | White and Black African | | | | | | | | | |
| White and Asian | | | | | | | Prefer not to say | | | | | | | | | | | | | | | |
| Any other mixed background, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***Asian/Asian British*** | | | | | | | | | | | | | | | | | | | | | | |
| Indian | | Pakistani | | | | | | Bangladeshi | | | | | | | | Chinese | | | | | | |
| Prefer not to say | | | | | | | | | | | | | | | | | | | | | | |
| Any other Asian background, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***Black/ African/ Caribbean/ Black British*** | | | | | | | | | | | | | | | | | | | | | | |
| African | | | Caribbean | | | | Prefer not to say | | | | | | | | | | | | | | | |
| Any other Black/African/Caribbean background, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| 1. ***Other ethnic group*** | | | | | | | | | | | | | | | | | | | | | | |
| Arab | | | Any other ethnic group, please specify here: | | | | | | | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability or health condition?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | Prefer not to say | | | | | | | | | | | | | | | |
| What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the staff member, running the recruitment process. | | | | | | | | | | | | | | | | | | | | | | |
| **What is your sexual orientation?** | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | Gay | | | | Lesbian | | | | | | Bisexual | | | | | |  | |
| Prefer not to say | | | | | | | | | | | | | | | | | | | | | | |
| If you prefer to use your own term, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | | | | Christian | | | | | | Hindu | | | | | | | | Jewish | | | | |
| Muslim | | | Sikh | | | | No religion or belief | | | | | | | | | | | | | Prefer not to say | | |
| If other religion or belief, please specify here: | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have caring responsibilities?** If yes, please tick all that apply | | | | | | | | | | | | | | | | | | | | | | |
| None | | | Primary carer of a child/children (under 18) | | | | | | | | | | | | | | | | | | | |
| Primary carer of disabled child/children | | | | | | | | | | | | | | | | | | | | | | |
| Primary carer of disabled adult (18 and over) | | | | | | | | | | | | | | | | | | | | | | |
| Primary carer of older person | | | | | | | | | | | | | | | | | | | | | | |
| Secondary carer (another person carries out the main caring role) | | | | | | | | | | | | | | | | | | | | | | |
| Prefer not to say | | | | | | | | | | | | | | | | | | | | | | |

Thank you for your assistance