

# Voices From Care Cymru

# Equality Monitoring Form

Why we are asking you for this information.

Voices From Care Cymru is committed to recruiting and retaining a workforce that reflects our diverse communities. It is vital that we monitor and analyse diversity information so that we can ensure that we treat all staff and applicants fairly. Your cooperation enables us to make sure that we attract and retain a diverse and effective workforce. Any information on this form will be treated confidentially, in accordance with the Data Protection Act 1998 and will be used for statistical purposes only.

**1. How would you describe your ethnic origin?** (Please tick)

|  |  |
| --- | --- |
| £ White  £ Mixed/multiple ethnic groups  £ Asian  £ Black/African/Caribbean | £ Gypsy or Irish Traveller  £Arab  £Other, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £Prefer not to say |

**2. How would you describe your national identity?** (Please tick)

|  |  |
| --- | --- |
| £ British  £ Welsh  £ English  £ Scottish | £ Northern Irish  £ Irish  £Other, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £Prefer not to say |

**3**. **Are you:**

£Female£Male £ Prefer not to say

**4. Is your gender identity the same as the gender you were assigned at birth?**

£Yes£No £ Prefer not to say

**5. What is your age group?**

£ 15 or under £ 16 - 24 £25 - 34 £35 - 44 £45 - 54

£ 55 - 64 £ 65 - 74 £ 75+ years £ Prefer not to say

**6a. Are your day-to-day activities limited because of a health condition or disability which has lasted, or is expected to last, at least 12 months?**

£ Yes, limited a lot £ Yes, limited a little £ No £ Prefer not to say

**6b. It helps us to know whether we are reaching all disabled people. If you ticked ‘Yes’ above, please can you tick the relevant box(es) below. You are welcome to tick more than one box if appropriate.**

£ Deafness or hearing impairment

£ Blindness or vision impairment

£ Physical disability/ impairment or mobility issues

£ Learning disability

£ Learning difficulty, such as dyslexia

£ Mental health condition, such as depression or schizophrenia

£ Social/ communication impairment such as Asperger's syndrome/other autistic spectrum   
 disorder

£ Long term health condition, such as cancer, HIV, diabetes, chronic heart disease or   
 epilepsy

£ A disability, impairment or medical condition that is not listed above,

please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

£ Prefer not to say

1. **Please say how you would usually describe your sexual orientation?**

|  |  |
| --- | --- |
| £ Lesbian/ Gay Woman  £ Gay Man  £ Bisexual | £ Heterosexual  £ Other  £ Prefer not to say |

1. **What is your religion or belief?**

|  |  |
| --- | --- |
| £ Buddhist  £ Christian  £ Hindu  £ Jewish  £ Muslim | £ Sikh  £ Any other religion or belief, please  describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £ No religion  £ Prefer not to say |

1. **Do you look after, or give any help to support family members, friends, neighbours or others because of either: long term physical or mental- ill health/ disability or problems related to old age?**

|  |  |
| --- | --- |
| £ No  £ Yes, 1-19 hours a week  £ Yes, 20-49 hours a week | £ Yes, 50 or more hours a week  £ Prefer not to say |

**If you do not wish to provide any of the information requested on this form, tick here** 

**Thank you for completing the form**

**If you require this form in another language or format or need assistance completing the form please contact: Glenys Evans: 029 20451431 / admin@vfcc.org.uk**

Where did you see the advertisement for this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to:

Glenys Evans, Voices From Care Cymru, 45 The Parade, Roath, Cardiff CF24 3AD

Tel: 029 20451431 Email: [admin@vfcc.org.uk](mailto:admin@vfcc.org.uk)