STRICTLY CONFIDENTIAL

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| --- | --- |
| Role Applied for: |  |
| Reference Number:  *To be completed by Manager* |  |

We, Somerset FA are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting Jon Pike Jon.Pike@somersetFA.com. Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you.

Please return the completed form to [Jonathn.Pike@somersetFA.com](mailto:Jonathn.Pike@somersetFA.com)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sex and Gender Identity** | | | | | | |
| What is your sex? | | | | | | |
| MALE |  | FEMALE |  | PREFER NOT TO SAY |  | |
| Is the gender you identify with the same as your sex registered at birth? | | | | | | |
| YES |  | NO |  | PREFER NOT TO SAY |  | |
| If the gender you identify with is not the same as your sex registered at birth, please write in: | | | | | | |
|  | | | | | | |
| **AGE** | | | | | | |
| What is your sex? | | | | | | |
| 16-24 | | | | |  | |
| 25-29 | | | | |  | |
| 30-34 | | | | |  | |
| 35-39 | | | | |  | |
| 40-44 | | | | |  | |
| 45-50 | | | | |  | |
| 50-54 | | | | |  | |
| 55-60 | | | | |  | |
| 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. | | | | | | |
| **Asian or Asian British** | | | | | | |
| Indian | | | | | |  |
| Pakistani | | | | | |  |
| Bangladeshi | | | | | |  |
| Chinese | | | | | |  |
| Prefer not to say | | | | | |  |
| Any other Asian background, please write in: | | | | | | |
|  | | | | | | |
| ***Black, African, Caribbean or Black British*** | | | | | | |
| African | | | | | |  |
| Caribbean | | | | | |  |
| Prefer not to say | | | | | |  |
| Any other Black, African or Caribbean background, please write in: | | | | | | |
|  | | | | | | |
| ***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 ethnic background, please write in: | | | | | | |
|  | | | | | | |
| ***White*** | | | | | |  |
| English | | | | | |  |
| Welsh | | | | | |  |
| Scottish | | | | | |  |
| Irish | | | | | |  |
| British | | | | | |  |
| Gypsy or Irish Traveller | | | | | |  |
| Prefer not to say | | | | | |  |
| Any other White background, please write in: | | | | | | |
|  | | | | | | |
| ***Other ethnic group*** | | | | | |  |
| Arab | | | | | |  |
| Prefer not to say | | | | | |  |
| Any other ethnic group, please write in: | | | | | | |
|  | | | | | | |
| **What is your sexual orientation?** | | | | | | |
| Heterosexual | | | | | |  |
| Gay | | | | | |  |
| Lesbian | | | | | |  |
| Bisexual | | | | | |  |
| Asexual | | | | | |  |
| Pansexual | | | | | |  |
| Undecided | | | | | |  |
| Prefer not to say | | | | | |  |
| If you prefer to use your own identity, please write in: | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 work? Please write in here: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. | | | | | | | | | | | |
| **What is your working pattern?** | | | | | | | | | | | |
| Full-Time | |  | | Part-Time | |  | | PREFER NOT TO SAY | |  | |
| **What is your flexible working arrangement?** | | | | | | | | | | | |
| None | | | | | | | | | |  | |
| Flexi-time | | | | | | | | | |  | |
| Staggered hours | | | | | | | | | |  | |
| Term-time hours | | | | | | | | | |  | |
| Annualised hours | | | | | | | | | |  | |
| Job-share | | | | | | | | | |  | |
| Flexible shifts | | | | | | | | | |  | |
| Compressed hours | | | | | | | | | |  | |
| Homeworking | | | | | | | | | |  | |
| Prefer not to say | | | | | | | | | |  | |
| If other, please write in: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 | | | | | | | | | | |  |
| If other, please write in: | | | | | | | | | | | |
|  | | | | | | | | | | | |