**Equal Opportunities Monitoring Form**

METRO Charity wants to meet the aims and commitments set out in its Equality Policy. Please complete the form below and return it with your application form. Your information will be treated in confidence and used only for the purpose of monitoring. Information in this form will take no part of the application process. Thank you for your assistance.

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| **1. Which age group do you fit in?** | |
| 16 - 19 |  |
| 20 - 24 |  |
| 25 - 29 |  |
| 30 - 34 |  |
| 35 - 39 |  |
| 40 - 44 |  |
| 45 - 49 |  |
| 50 - 54 |  |
| 55 - 59 |  |
| 60 - 65 |  |
| 65 or over |  |

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| **2. Your Gender** | | |
| Female | |  |
| Intersex | |  |
| Male | |  |
| Non-binary | |  |
| Trans F to M | |  |
| Trans M to F | |  |
| Prefer not to say | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **3. Is your current gender the same as the one identified for you at birth?** | |
| Yes |  |
| No |  |
| Prefer not to say |  |

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| **4. How would you describe your sexual orientation?** | | |
| Asexual | |  |
| Bi or Bisexual | |  |
| Gay man | |  |
| Heterosexual/Straight | |  |
| Lesbian or Gay woman | |  |
| Man who has sex with Men | |  |
| Pansexual | |  |
| Woman who has sex with Women | |  |
| Questioning | |  |
| Prefer not to say | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **5. What is your ethnicity? Ethnicity isn’t about nationality, place of birth or citizenship. It is about the group that you identify with or belong.** |

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| **Asian or Asian British** | | |
| Bangladeshi | |  |
| Chinese | |  |
| Indian | |  |
| Japanese | |  |
| Pakistani | |  |
| Vietnamese | |  |
| Asian background not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **Black or Black British** | | |
| African | |  |
| Caribbean | |  |
| Black background not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **White or White British** | |
| British |  |
| Irish |  |
| Welsh |  |
| White background not mentioned |  |

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| If you prefer to use your own term, please specify here: |  |

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| **Mixed/Multiple or Dual Heritage** | | |
| Asian & White | |  |
| Black African & White | |  |
| Black Caribbean & White | |  |
| Mixed background not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **Ethnic Background not mentioned** | | |
| Arab | |  |
| Eastern European | |  |
| Hispanic | |  |
| Latinx | |  |
| Roma or Irish Traveller or Gypsy | |  |
| Ethnicity not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **6. Do you consider yourself to be disabled?** | |
| Under the Equalities Act 2010a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.  , People with HIV, cancer and Multiple Sclerosis (MS) are covered by the Equalities Act | |
| Yes |  |
| No |  |
| Prefer not to say |  |

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| Not applicable | |  |
| Physical impairment such as difficulty using your arms or mobility issues which means using a wheelchair or crutches | |  |
| Learning Disability such as Down's Syndrome or dyslexia or cognitive impairment such as autism spectrum disorder | |  |
| Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | |  |
| Mental Health Diagnosis | |  |
| Sensory impairment such as blindness/profound visual impairment or deafness/profound hearing impairment | |  |
| Being disabled in a way not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **7. Current Employment status** | | |
| Employed | |  |
| Self Employed | |  |
| Student/in education | |  |
| Unemployed | |  |
| Prefer not to say | |  |
| Status not mentioned | |  |
| If you prefer to use your own term, please specify here: |  | |

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| **8. Current education, work or volunteer pattern** | |
| Part time |  |
| Full time |  |
| Prefer not to say |  |

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| **9. Religion or Belief** | |
| Atheist |  |
| Agnostic |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Rastafarian |  |
| Sikh |  |
| No religion or belief |  |
| Prefer not to say |  |
| Religion or belief not mentioned |  |

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| If you prefer to share your own term, please specify here: |  |

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| **10. Do you have caring responsibilities?** | |
| Yes |  |
| No |  |
| Prefer not to say |  |