

**Equal Opportunities Monitoring Form**

**Position Applied for: Communities and Networks Manager**

**Reference**: **CNM21**

Please provide the following information to help the Poverty Alliance ensure that its Equalities and Diversity Policy is being effectively implemented. This information will be used solely for monitoring purposes. Completion of this form is voluntary. It will be treated as confidential, will not be shared with the recruitment panel and will not form part of the selection procedure for the post.

**Ethnicity**

Ethnicity 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White:** | | | | |
| Scottish |  | English |  |  |
|  |  |  |  |  |
| Welsh |  | Northern Irish |  |  |
|  |  |  |  |  |
| Irish |  | British |  |  |
|  |  |  |  |  |
| Gypsy or Irish Traveller |  |  |  |  |
|  |  |  |  |  |
| Other white background |  |  |  | |
|  |  |  |  |  |
| **Mixed or multiple ethnic groups** |  |  |  |  |
| White and Black Caribbean |  | White and Black African |  |  |
|  |  |  |  |  |
| White and Asian |  | Any other mixed (state) |  |  |
|  |  |  |  |  |
| **Asian / Asian British** |  |  |  |  |
| Bangladeshi |  | Indian |  |  |
|  |  |  |  |  |
| Pakistani |  | Chinese |  |  |
|  |  |  |  |  |
| Other Asian background |  |  |  |  |
|  |  |  |  |  |
| **Black / African / Caribbean / Black British** | | |  |  |
| Black African |  | Black Caribbean |  |  |
|  |  |  |  |  |
| Any other Black background |  |  |  |  |
|  |  |  |  |  |
| **Other ethnic group** |  |  |  |  |
| Arab |  |  |  |  |
|  |  |  |  |  |
| Any other background (please state) | |  |  |  |
|  | |  |  |  |
| Prefer not to say |  |  |  |  |
|  |  |  |  |  |

**Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My sexual orientation is:** | | | | | |
| **Heterosexual/straight** |  |  | **Bisexual** |  |  |
|  |  |  |  |  |  |
| **Gay man** |  |  | **Gay woman/lesbian** |  |  |
|  |  |  |  |  |  |
| **Prefer not to say** |  |  |  |  |  |

**Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My gender is** | | | | | |
| **Female** |  |  | **Male** |  |  |
|  |  |  |  |  |  |
| **Transgender** |  |  | **Gender non-conforming** |  |  |
|  |  |  |  |  |  |
| **Non-binary** |  |  | **Prefer not to say** |  |  |

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment

which has a substantial and long-term adverse effect on a person's ability to carry

out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Yes – limited a little |  | Yes – limited a lot |  |
|  |  |  |  |
| No |  | Prefer not to say |  |
|  |  |  |  |

**Age**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | | | | | | | | | |
| **17-24** |  | **25-34** |  | **35-44** |  | **45-54** |  | **Over 55** |  |

**Martial Status**

Are you married or in a civil partnership?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Yes |  |  |  |
|  |  |  |  |
| No |  | Prefernot to say |  |
|  |  |  |  |

**Religion or Belief**

What is your religion or belief?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion or belief |  |  | Buddhist |  |  |
|  |  |  |  |  |  |
| Christian |  |  | Hindu |  |  |
|  |  |  |  |  |  |
| Jewish |  |  | Muslim |  |  |
|  |  |  |  |  |  |
| Sikh |  |  | Prefer not to say |  |  |
|  |  |  |  |  |  |
| Other, please state if you wish | | |  | |  |
|  |  |  |  |  |  |

|  |
| --- |
| **How did you hear of this vacancy?**  Newspaper (which one?) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please return this form to Sinead Howell by email to [sinead.howell@povertyalliance.org](mailto:sinead.howell@povertyalliance.org) or by post to:

The Poverty Alliance, 3rd Floor, 94 Hope Street, Glasgow, G2 6PH