**Company Member Equal Opportunities and Diversity Monitoring Form**

***The information disclosed on this form will be used for equal opportunities and diversity monitoring purposes only. The information provided will be securely held on our database and treated in line with the principles outlined in data protection law. The information you supply on this form is kept separately from your application. We have asked for your name to enable us to monitor applications and appointment.***

***If you do not wish to complete any sections of this form, please feel free to leave them blank. Please return the completed form to*** ***companysecretary@firefighterscharity.org.uk*** ***or***

*Vicki Fox*

*Compliance & Governance Administrator*

*The Fire Fighters Charity*

*Belvedere House*

*Basing View*

*Basingstoke*

*RG21 4HG*

Name…………………………………………………………………………………………………………………………………………………………..

Where did you see the role advertised? ...........................................................................................................

Please describe your association with the fire services community here:

|  |
| --- |
|  |

 **Age** 16-24[ ]  25-29 [ ]  30-34 [ ]  35-39[ ]  40-44 [ ]  45-49 [ ]  50-54 [ ] 55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]

 **Are you married or in a civil partnership?** Yes [ ]  No [ ]  Prefer not to say [ ]

**What best describes your gender?** Female [ ]  Male [ ]  Non-binary [ ]  I prefer to self-describe [ ]  Prefer not to say [ ]

If you prefer to self-describe please describe here:

|  |
| --- |
|  |

|  |
| --- |
| **Do you identify as trans / transgender?** Yes [ ]  No [ ]  Prefer not to say [ ]  I prefer to self-describe [ ]  |
|  |  |
| If you prefer to self-describe please describe here:

|  |
| --- |
|  |

 |  |

**Nationality:** e.g. British citizen, Portuguese citizen etc

……………………………………………………………………………………………………………………………………………………………………..

Prefer not to disclose nationality [ ]

**Religion or Belief:** Please tell us your religion or belief

…………………………………………………………………………….………………………………………………………………………………………

Prefer not to disclose religion or belief [ ]

**Sexuality:** Please select the option which best describes your sexuality:

Heterosexual [ ]  Bisexual [ ]  Lesbian / Gay [ ]

Prefer to self-describe [ ]  Prefer not to disclose [ ]

If you prefer to self-describe please describe here:

|  |
| --- |
|  |

**Ethnic Origin:** Please tick the box that best describes your ethnic origin: *(Ethnic group relates to a sense of identity or belonging, based on race or culture, not place of birth or citizenship).*

|  |  |  |
| --- | --- | --- |
| **ASIAN OR ASIAN BRITISH** | **MIXED OR MULTIPLE ETHNIC GROUPS** | **WHITE** |
| Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ]  Any other Asian background [ ]  | White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other Mixed or Multiple background [ ]  | English, Welsh, Scottish, Northern Irish or British [ ] Irish [ ] Gypsy or Irish Traveller [ ] Roma [ ] Any other White background [ ]   |
| **BLACK, BLACK BRITISH, CARIBBEAN, OR AFRICAN** | **OTHER ETHNIC GROUP** |  |
| African [ ] Caribbean [ ] Any other Black, Black British, or Caribbean background [ ]  | Arab [ ] Any other ethnic group [ ]  | Prefer not to disclose [ ]  |

**Caring Responsibilities**

Do you have any caring responsibilities? If yes, please tick all that apply

None [ ]  Primary carer of a child/children (under 18) [ ]

Primary carer of a disabled child/children (under 18) [ ]  Primary carer of a disabled adult (18 and over) [ ]

Primary carer of an older person [ ]

Secondary carer (another person carries out the main caring role) [ ]  Prefer not to say [ ]

**Disability**

**The Equality Act 2010**

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 [ ]  No [ ]  Prefer not to disclose [ ]

**Data Protection:**

The Charity treats personal data collected for reviewing equality of opportunity in recruitment and selection in accordance with our data protection policy. Information about how your data is used and the basis for processing is provided in our privacy policy.

I hereby give my consent to The Fire Fighters Charity processing the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection. I acknowledge that my application will be treated the same whether or not I complete this form. I understand that I may withdraw my consent to the processing of this data at any time by notifying the Data Protection Officer.

Applicant's signature: Date: