

**Equalities Monitoring Form**

Jacksons Lane aims to provide equal opportunities and fair treatment for all volunteers. Please complete the form and email or post to the address at the end.

The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998. We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base.

If you would like would like help in completing the form, please contact a member of staff.

**Ethnicity**

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2011 Census in alphabetical order.

|  |  |  |
| --- | --- | --- |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| 🞎 Indian | 🞎 Caribbean | 🞎 Chinese |
| 🞎 Pakistani | 🞎 African | 🞎 Any other ethnic group (please write in) |
| 🞎 Bangladeshi | 🞎 Any other Black background |  |
| 🞎 Any other Asian background | (please write in) |  |
| (please write in) |  |  |
| **Mixed** | **White** |  |
| 🞎 White and Black Caribbean | 🞎 British | 🞎 Rather not say |
| 🞎 White and Black African | 🞎 Irish |  |
| 🞎 White and Asian | 🞎 Any other white background  (please write in) |  |
| 🞎 Any other mixed background  (please write in) |  |  |

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞎 Rather not say

**Disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one’s ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities. Do you consider yourself to have a disability according to the above definition?

🞎 Yes 🞎 No 🞎 Rather not say

**Gender**

|  |  |  |
| --- | --- | --- |
| 🞎 Male | 🞎 Female | 🞎 Rather not say |
| Is your present gender the same as the one assigned to you at birth? | | |
| 🞎 Yes | 🞎 No | 🞎 Rather not say |

**Faith or Religion**

Which group below do you most identify with?

|  |  |  |
| --- | --- | --- |
| 🞎 No Religion | 🞎 Baha’i | 🞎 Buddhist |
| 🞎 Christian | 🞎 Hindu | 🞎 Jain |
| 🞎 Jewish | 🞎 Muslim | 🞎 Sikh |
| 🞎 Other (please write in) |  | 🞎 Rather not say |

**Sexual Orientation**

How would you describe your sexual orientation?

|  |  |  |
| --- | --- | --- |
| 🞎 Bisexual | 🞎 Gay man | 🞎 Heterosexual or ‘straight’ |
| 🞎 Lesbian | 🞎 Other | 🞎 Rather not say |

**Today’s Date:**

Thank you for completing this form.

Please send the completed form:

by email: admin@jacksonslane.org.uk

by post: Jacksons Lane, 269a Archway Road, London, N6 5Aa