



## Equality Monitoring Form

We want to make sure that our organisation is inclusive. The purpose of this form is to ensure that we have a clear overview of how effective we are in reaching diverse communities. This form is confidential and will be used for monitoring purposes only.

Each question includes an opt out statement and no aspect of this form should be considered mandatory.

Date Completed:

Volunteer role applied for:

Do you know anyone employed at the Royal Hospital or an In Pensioner?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please state your relationship to them, their name and the department in which they are employed:			

Age					
18-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				

Gender Identity									
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	Intersex	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	My gender is not listed here *(please specify if you wish)							<input type="checkbox"/>
*If other please specify:									
Is your gender identity the same as what was assigned to you at birth?									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say				<input type="checkbox"/>	

Ethnicity			
Asian or Asian British		Mixed or multiple ethnic groups	
Bangladeshi	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black Caribbean & White	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other mixed or multiple ethnic background *(please specify if you wish)	<input type="checkbox"/>
Any other Asian Background *(please specify if you wish)	<input type="checkbox"/>		
Black or Black British		White	
African	<input type="checkbox"/>	English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other Black background *(please specify if you wish)	<input type="checkbox"/>	Roma Gypsy or Irish Traveller	<input type="checkbox"/>
Any other ethnic background *(please specify if you wish)	<input type="checkbox"/>	Any other White background *(please specify if you wish)	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
*If other, please specify:			

Do you long term health condition or consider yourself to have a disability?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Religion or belief			
Atheism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	Jainism	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
My religion is not listed here *(please specify if you wish)			
*Please specify if you wish			

Marital Status			
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Civil partnership	<input type="checkbox"/>	Legally separated.	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Private / I do not wish to disclose this.	<input type="checkbox"/>		

How would you describe your sexual orientation?			
Asexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
If another way, please specify			

Do you consider yourself to have a disability?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I do not wish to disclose this information			

Any additional information:

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Thank you for completing this form.