



...because life is 4 living!

*Making a difference in the lives of
young people with Cystic Fibrosis.*

Equal Opportunities Monitoring Form

The Leanne Fund is committed to ensuring that volunteers and employees from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital status, religion or belief, sexual orientation, disability or age.

This form assists us in monitoring who is applying for employment/volunteering roles with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce.

This form will be separated from your application on receipt. We would be grateful if you would fill in this form and return it with your application. You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be.

All information supplied will be treated in the strictest confidence.

Thank you for your assistance.

What is your gender (please tick)? If you are currently undergoing the process of gender reassignment, please tick your future gender.

Male

Female

Marital status

Married

Single

Prefer not to say

How would you describe your nationality and/or ethnicity (please tick)?

White English, Welsh, Scottish, Irish, other white background

Caribbean, African, other black background

Indian, Pakistani, Bangladeshi

Chinese

Other Asian background

Mixed background

Other ethnic background

Prefer not to say

Is your age between (please tick):

Under 16

16-24

25-29

30-39

40-49

50-59

60+

Prefer not to say

How would you describe your sexual orientation (please tick)?

Heterosexual Gay/lesbian

Bisexual Prefer not to say

How would you describe your religion?

Christian Sikh

Buddhist Muslim

Rastafarian Jewish

Hindu None

Other / Prefer not to say

The Disability Discrimination Act 1995 (DDA) 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, over 12 months. Do you consider yourself to have a disability under the DDA (please tick)?

None Don't know

Physical disability Mental disability

Prefer not to say

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the company processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.

Signed

Date