**Equality and Diversity form**

AFC Fylde Community Foundation sets a huge importance on meeting our aims that are highlighted in our equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

This form is completely voluntary but the Foundation appreciates any extra co-operation to help us achieve our aims.

If completing this form, please return with your application.

**Gender**

Man [ ]  Woman [ ]  Intersex [ ]  Non-binary [ ]  Prefer not to say [ ]

**Are you married or in a civil partnership?**

Yes [ ]  No [ ]  Prefer not to say [ ]

**Age**

16-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]  45-49 [ ]

50-54 [ ]  55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group you most identify with.

**White**

English [ ]  Welsh [ ]  Northern Irish [ ]  Irish [ ]  British [ ]

Traveller or Irish Traveller [ ]  Prefer not to say [ ]

**Mixed/ multiple ethnic groups**

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]

Prefer not to say [ ]  Any other mixed background, please specify:

**Asian/Asian British**

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ]

Any other Asian background, please specify:

**Black/African/Caribbean/Black British**

African [ ]  Caribbean [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please specify:

**Other ethnic group**

Arab [ ]  Prefer not to say [ ]

Any other ethnic group, please specify:

**Do you consider yourself to have a disability or health condition?**

Yes [ ]  No [ ]  Prefer not to say [ ]

**What is the effect or impact of your disability or health condition on your ability to give your best at work?**

Please elaborate here:

This form is purely for monitoring purposes only, however, if you feel like you require a reasonable adjustment, please contact your line manager or the recruitment manager if you’re applying for a job.

**What is your sexual orientation?**

Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Prefer not to say [ ]

If you prefer to use your own term, please specify:

**What is your religion or belief?**

No religion or belief [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]

Sikh [ ]  Prefer not to say [ ]  If other religion or belief, please specify:



**What is your current working pattern?**

Full-time [ ]  Part-time [ ]  Prefer not to say [ ]

If you have a different type of working pattern, please specify:

**Do you have any caring responsibilities?** If yes, please tick the relevant ones to yourself.

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

Primary carer of a disabled child/children [ ]

Primary carer of a disabled adult (aged 18 or over) [ ]

Primary carer of an elderly person [ ]

Secondary carer to any of the above (another person carries out the main caring role) [ ]

Prefer not to say [ ]

**If you have any additional comments, please include them below:**

**Thank you for taking the time to fill out this form.**