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Description automatically generatedEquality 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**

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Description automatically generatedIndian  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:

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**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.**