

EQUALITY & DIVERSITY MONITORING FORM



The Isle of Man FA is committed to Equality and Diversity and ensuring that it is fully representative of the community it serves. To assist us in monitoring the ethnicity of members we would be grateful if you could complete the following monitoring form. All information detailed will be treated anonymously.

Please return this form under separate cover.

Sex & Gender

Male Female

Have you ever been identified as Transgender? Yes No Prefer not to say

Age

16-20 21-30 31-40 41-50 51-60 61-70

Ethnicity

Indicate in the appropriate box your ethnic background. Ethnic categories are not about nationality, place of birth or citizenship they are about the group to which you feel you belong to. The descriptions below are from the 2011 census.

White

British English Scottish Welsh Irish Gypsy/Irish Traveller

Any other White background

Mixed

White & Black Caribbean White & Asian White & Black African

Mixed Background Mixed Other Background

Asian

British-Indian Indian British-Pakistani Pakistani Chinese

British-Chinese British-Bangladeshi Bangladeshi

Any other Asian background

Black

Black Caribbean Caribbean British African African British

Other Any other Black background

Other Background

Other Prefer not to disclose my ethnic origin

Disability

Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day to day activities. Substantial means more than minor or trivial. Impairment covers, for example, long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone diseases. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome). Some people including those with cancer, multiple sclerosis and HIV / AIDS are automatically protected as disabled people by the Act.

Do you consider that you meet the definition above? Yes No

If you have indicated 'yes' above, please indicate the impairment(s) that you believe applies to you:

Blind/partially sighted Deaf/hard of hearing Physical disability

Learning disability Experience of mental/emotional distress

Communication barriers Prefer not to say

Religion or Belief

How would you describe the religion or belief to which you feel you belong?

Christian Buddhist Hindu Jewish Muslim Sikh

Mormon Jehovah's Witness Atheist No religion/faith

Other faith background Prefer not to say

Sexual Orientation

Which of the following options best describe how you think of yourself?

Heterosexual/straight Gay Man Gay Woman/Lesbian Bisexual

Other Prefer not to say

Other

Please provide details of any other aspects of equality / diversity you feel are relevant: