

To assist us in monitoring that the wider community is being made aware of our vacancies, you are invited to complete the following form. It is not mandatory and non-completion will **not** affect your application.

Please print and return separately and anonymously to the Jersey FA office, Springfield Stadium, Janvrin Road, Jersey, JE2 4LF.

|  |
| --- |
| AGE |
| Under 18 |  |
| 18-24 |  |
| 25-34 |  |
| 45-54 |  |
| 55-64 |  |
| Over 65 |  |
| Prefer not to say |  |

|  |
| --- |
| GENDER |
| Male |  | Female |  | Prefer not to say |  |

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DO YOU IDENTIFY AS TRANSGENDER? |
| Yes |  | No |  | Prefer not to say |  |

|  |
| --- |
| HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION? |
| Heterosexual |  | Gay Man |  | Gay Woman / Lesbian |  | Bisexual |  |
| Prefer not to say |  |

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| RELIGIOUS BELIEF  |
| Christian |  | Muslim |  |
| Jewish |  | Atheism |  |
| Sikh |  | No Religion / Faith |  |
| Hindu |  | Prefer Not to Say |  |
| Buddhist |  | Other (please specify):  |

|  |
| --- |
| Ethnic Group |
| **White** |
| British/English/Scottish/ Welsh/Northern Irish |  | Irish |  | Gypsy, Roma or Irish Traveller |  |
| Eastern European |  | Other |  |  |
| **Mixed / Multiple Ethnic Groups** |  |
| White & Black Caribbean |  | **White & Black African** |  | **White & Asian** |  |
| Other |  |  |
| **Asian / Asian British** |
| Indian |  | Chinese |  | Bangladeshi |  |
| Pakistani |  | Other |  |  |
| **Black / African / Caribbean / Black British** |
| Caribbean |  | African |  | Other |  |
| **Other Ethnic Group** |
| Arab |  | Other |  | Prefer not to say |  |

**DISABILITY**

Equality Act 2010 definition of disability: Under the Equality Act 2010, a person is considered to have a disability ‘if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’ ‘Substantial’ is defined by the Act as ‘more than minor or trivial.’ An impairment is considered to have a long-term effect if:

* It has lasted for at least 12 months
* It is likely to last for at least 12 months, or
* It is likely to last for the rest of the person’s life

|  |
| --- |
| DO YOU CONSIDER THAT YOU MEET THIS DEFINITION? |
| Yes |  | No |  | Prefer not to say |  |

If you have indicated ‘yes’ to this question, please indicate the impairment(s) that you feel applies to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Visual impairment |  | Language difficulty |  |
| Hearing impairment |  | Social/communication impairment |  |
| Physical impairment-ambulant |  | Long-term illness |  |
| Physical impairment-wheelchair user |  | Mental health condition |  |
| Learning impairment/disability |  | Prefer not to say |  |

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT RELATIONSHIP STATUS? |
| Married / Civil Partnership |  | Single |  |
| Widowed |  | Co-habiting  |  |
| Divorced |  | Prefer not to say |  |
| Separated |  | Other:  |

|  |
| --- |
| ARE YOU CURRENTLY PREGNANT OR ON MATERNITY LEAVE? |
| Yes |  | No |  | Prefer not to say |  |