



## Norfolk FA Equality & Diversity Monitoring Form

Norfolk County 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 diversity of our members, we would be grateful if you could complete the following monitoring form. All information detailed will be treated anonymously and information provided will not be seen by staff directly involved with an appointment.

### Age (Please tick)

16-24                       25-34                       35-44

45-54                       55-64                       65 +

Prefer not to say

### Disability (Please tick)

Do you consider yourself to be a disabled person?

A disabled person is defined under the Equality Act 2010 as someone with a "physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day-to-day activities"

Yes                       Prefer not to say

No

If yes, would you describe your impairment as (tick all that apply):

Hearing impairment (deaf or hard of hearing)

Visual impairment (blind or partially-sighted)

Physical impairment – ambulant (I do not use a wheelchair)

Physical impairment – wheelchair user

Learning impairment/disability (e.g. Downs Syndrome, etc)

Learning difficulty (e.g. movement coordination difficulty (Dyspraxia), dyslexia, etc.)

Long-term illness (e.g. cancer, HIV+ etc)

Other, please specify \_\_\_\_\_

Prefer Not To Say



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## Gender (Please tick)

Female  Male  Prefer not to say

Do you identify yourself as Transgender? Yes  No   
Prefer not to say

## Sexual Orientation How do you describe your sexual orientation? (Please tick)

Bisexual  Gay Man  Prefer not to say   
Heterosexual/Straight  Gay Woman/ Lesbian

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

## Ethnicity How would you describe your ethnicity? (Please tick)

Asian British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black African	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Any other mixed/multiple ethnic background (please specify).....

## Religion or Belief How would you describe your religion or belief? (Please tick all relevant boxes)

Atheist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim			