

Equality and Diversity Monitoring Form

Oxfordshire FA wants to meet the aims and commitments set out in its 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.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please be assured that any information disclosed on this form will not be shared with the recruitment panel for the role you are applying for and will used only by the equality and diversity lead to store and process anonymised diversity data for the purpose of ensuring equality of opportunity.

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Sex Male ☐ Female ☐ I identify in another way/ prefer to self-describe? ☐ Prefer not to say ☐ If you prefer to use your own term, please specify here
Are you married or in a civil partnership? ☐ Neither ☐ Prefer not to say ☐
Age 18-24 □ 25-34 □ 35-44 □ 45-54 □ 55-64 □ 65-74 □ 75+ □ Prefer not to say □
SEXUAL ORIENTATION
Are you? Bi (Bisexual) Gay /Lesbian Heterosexual /Straight I identify in another way / prefer to self-describe Prefer not to say If you prefer to use your own term, please specify here TRANS STATUS Do you identify as Trans? Yes No Prefer not to say
What is your ethnic group? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box
White
English, Welsh, Scottish, Northern Irish or British \Box
Irish \square Roma \square Gypsy or Irish Traveller \square
Any other white background, please write in:
Mixed or Multiple ethnic groups
White and Black Caribbean \square White and Black African \square White and Asian \square Any other Mixed or Multiple background, please write in:

Asian or Asian British



Indian Pakistani Bangladeshi Chinese Any other Asian background, please write in:
Black, Black British, Caribbean or African,
Caribbean
Other ethnic group
Arab
Prefer not to say \square
Do you consider yourself to have a disability or health condition? Yes No Prefer not to say 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 write in here:
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.
What is your religion or belief?
No religion or belief Buddhist Christian Hindu Jewish
Muslim \square Sikh \square Prefer not to say \square If other religion or belief, please write in:
PREGNANCY / MATERNITY Are you currently pregnancy or taking parental leave? Yes

Please complete at return to info@OxfordshireFA.com