### Equal Opportunities Monitoring

*The Surrey County Football Association is committed to equal opportunities, irrespective of race, colour, religion, nationality, ethnic origin, sex, disability or marital status.*

*In order to monitor our Equal Opportunities Policy, we would be grateful if you would please complete the questionnaire below. This questionnaire will be detached from your application form on receipt and will not be made available to the recruitment panel. Please answer every question.*

Position applied for

**Age**

Under 18 18 – 30 31 – 40 41 – 50 51 – 60 61 – 65 Over 65

**Gender**

**Male** **Female**  **Trans man**  **Trans woman** **Prefer not to say**

#### Religious Belief

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Christian  |  |  Buddhist  |  | Hindu |  |
| Jewish |  |  Muslim |  | Mormonism |  |
| Sikh |  |  Atheism |  | No Religion / Faith |  |
| Jehovah’s Witnesses |  |  Prefer not to say |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

#### Sexual Orientation

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / Straight  |  |  Gay Man  |  | Gay Woman / Lesbian |  |
| Bisexual |  |  Prefer not to say |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Ethnicity**

**White**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British |  | English |  | Scottish |  |
| Welsh |  | Irish |  | Gypsy or Irish Traveller |  |
| Prefer not to say |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Mixed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| Mixed other background |  | Prefer not to say |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Asian**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British-Indian |  | Indian |  | British-Pakistani |  |
| Pakistani |  | British-Bangladeshi |  | Bangladeshi |  |
| British-Chinese |  | Chinese |  | Prefer not to say |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Black**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Black Caribbean |  | Caribbean |  | British African |  |
| African |  | British |  | Prefer not to say |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Other Ethnic Group**

|  |  |  |
| --- | --- | --- |
| Arab |  |  |
| Any other ethnic group, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

#### 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.
Visual impairment, Hearing impairment, Speech and Language impairment, physical disability, cognitive impairment, Learning disability.

Do you consider that you meet this definition?\*

Yes No Prefer not to say

\*If you have indicated yes to the previous question, please indicate the impairment(s) that you feel applies to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visual impairment |  | Hearing impairment |  | Physical disability |  |
| Learning disability |  | Learning difficulties |  | Language impairment |  |
| Cognitive impairment |  | Prefer not to say |  |  |
| Other (please specify)  |