

EQUALITY AND DIVERSITY MONITORING FORM



Wiltshire County FA is committed to Equality and Diversity and ensuring that it is fully representative of the communities 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.

ROLE

Board Staff

GENDER

Male Female

AGE

16 – 20 21 – 30 31 – 40 41 – 50 51 – 60 61+

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 or Irish Traveller
Any other white background

Mixed

White & Black Caribbean White & Black African White & Asian
Mixed background Mixed other background

Asian

British-Indian Indian British-Pakistani Pakistani British-Bangladeshi
Bangladeshi British-Chinese Chinese 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 this definition?

Yes No

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

Blind/partially sighted Deaf/hard of hearing Physical disability Learning disability
Communication barriers Experience of mental and emotional distress Prefer not to say

RELIGION or BELIEF

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

Christian Buddhist Hindu Jewish Muslim
Mormonism Sikh Atheist No Religion/Faith Jehovah's Witnesses
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