**EQUAL OPPORTUNITIES MONITORING FORM**

The Heritage Trust of Lincolnshire 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 cooperation to enable it to do this but filling in this form is voluntary.

Thank you for your assistance.

|  |
| --- |
| **Post Applied for:** |

**How would you describe your gender? Please place an ‘X’ in the appropriate box.**

|  |  |
| --- | --- |
|  | Man |
|  | Woman |
|  | Intersex |
|  | Non-Binary |
|  | Prefer not to say |

If you would prefer to use your own term, please specify here:

**Age. Please place an ‘X’ in the appropriate box.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 16 - 24 |  | 50 - 54 |
|  | 25 - 29 |  | 55 - 59 |
|  | 30 - 34 |  | 60 - 64 |
|  | 35 - 39 |  | 65+ |
|  | 40 - 44 |  | Prefer not to say |
|  | 45 - 49 |  |  |

**How would you describe your ethnicity? Please place an ‘X’ in the appropriate box.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | White – British |  | Asian or Asian British - Bangladeshi |
|  | White – Irish |  | Chinese |
|  | Other White background |  | Other Asian background |
|  | Black or Black British – Caribbean |  | Mixed – White and Black Caribbean |
|  | Black or Black British – African |  | Mixed – White and Black African |
|  | Other Black background |  | Mixed – White and Asian |
|  | Asian or Asian British – Indian |  | Other Mixed background |
|  | Asian or Asian British - Pakistani |  | Prefer not to say |

**DISABILITY**

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.

**Do you consider yourself to have a disability or health condition?**

Yes No  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:

**CARING**

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 

**DECLARATION**

If I am appointed to the post for which I am applying, I agree that the information on this form may be stored and used in monitoring the Trust’s Equal Opportunities Policy, in accordance with the provisions of the Data Protection Act 2018 (GDPR).

**Name: Date:**

Please return marked Strictly Confidential FAO:

Office Manager

The Heritage Trust of Lincolnshire

The Old School

Cameron Street

Heckington

Sleaford

Lincolnshire

NG34 9NT

Or email to:

louise.doyle@heritagelincolnshire.org