



# Equal Opportunities Monitoring Form

Partisan Collective 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.

We need your help and co-operation to enable us to do this, however filling in this form is voluntary.

**Gender** Male  Female  Intersex  Non-binary

Prefer not to say  If you prefer to use your own term, please specify here:

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**Are you married or in a civil partnership?** Yes  No  Prefer not to say

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

## What is your ethnicity?

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  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

### Mixed/multiple ethnic groups

White and Black Caribbean  White and Black African  White and Asian   
Prefer not to say  Any other mixed background, please write in:

### Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please write in:

### Black/ African/ Caribbean/ Black British

African  Caribbean  Prefer not to say   
Any other Black/African/Caribbean background, please write in:

### Arabic

Arab  Prefer not to say

Any other ethnic group, please write in:

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**Do you have a disability or long-term health condition?**

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to take part in potential volunteering activities?

Prefer not to say

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say  If you prefer to use your own term, please specify here:

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**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