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| **INTRODUCTION** |  |

At the European Movement UK we acknowledge that everybody is different, and we celebrate diversity.

We are committed to creating a movement that reflects the society that we live, work, and campaign in. We want to create an inclusive environment that supports diversity, so that our colleagues, members, supporters, activists, and volunteers can contribute equally, no matter their background or lived experience.

Achieving equality, diversity, and inclusion is a shared responsibility for everyone in the movement.

To assist us in this mission, and to help us monitor and evaluate its delivery, we would appreciate if you would complete this Diversity Monitoring Form by putting an X in the relevant box. If there are any sections that you would prefer not to answer, please tick “Prefer not to answer” or simply leave the section blank.

Completing this form is voluntary, but by completing it you will help us to identify areas in which we are doing well, and areas in which we ned to improve to embrace diversity.

**If you are completing this as part of a job application**

This form will be kept separate from your application for the vacancy, and will not be seen by those involved in the recruitment of the role. The information provided will be used for statistical purposes, and to ensure that we continue to attract talent from a variety of backgrounds. It will also be used to make any reasonable adjustments to the recruitment process that you have indicated are required.

**If you are completing this as a current or newly elected Board / Council / Staff member**

The information provided in this form will be kept confidential, and will not affect your role with the European Movement. It is for statistical and monitoring purposes, to assist in commitment to equality and diversity, and to make any reasonable adjustments to your work place that you have indicated are required.

**Privacy and Data Protection**

All information provided will be kept confidential and processed in according with applicable UK law. The front page of this form will be detached and kept separate from the other pages to that no data provided on the later pages is personally identifiable to you. The information on the front page will only be used to remove the information on the subsequent pages from our equality and diversity statistics should you leave your role, via the reference number in the “for internal use only” section.

If you have any questions about this form you can e-mail accessibility@europeanmovement.co.uk in confidence.
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| **ABOUT YOU** |  |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Role applied for / Current role**  |  |

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| **Date you completed this form** |  |

When you have completed this form, please send it to us via the details on the final page.

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| **GENDER IDENTITY** |  |

What is your gender identity?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male (including trans male) | [ ]  | Female(including trans female) | [ ]  | Non-binary | [ ]  | Other | [ ]  |
| If other, or if you would prefer to self-describe, please give details below |
|  |

Is your gender identity the same that was assigned to you at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

What are your preferred pronouns?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| He/ Him | [ ]  | She/Her | [ ]  | They/Them | [ ]  | Prefer not to say | [ ]  |
| Other | [ ]  | If other, please give information below |
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| **AGE** |  |

Which age category do you fit into?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Under 16 | [ ]  | 16 – 24 | [ ]  | 25 – 34 | [ ]  | 35 - 44 | [ ]  |
| 45 - 54 | [ ]  | 55 - 64 | [ ]  | 65 - 74 | [ ]  | 75+ | [ ]  |

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| **SEXUAL ORIENTATION** |  |

Which of the following best describes your sexual orientation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual / Straight | [ ]  | Bisexual | [ ]  | Pansexual | [ ]  | Asexual | [ ]  |
| Gay Woman / Lesbian | [ ]  | Gay Man | [ ]  | Unsure | [ ]  | Prefer not to say | [ ]  |
| Other | [ ]  | If other, or if you would prefer to self-describe, please give details below |
|  |

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| **MARITAL STATUS** |  |

Which of the following best describes your marital status?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Single | [ ]  | Married | [ ]  | Divorced | [ ]  | Widowed | [ ]  |
| Civil Partnership | [ ]  | Dissolved Civil Partnership | [ ]  | Prefer not to say | [ ]  | Other | [ ]  |
| If “other”, please specify |  |  |

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| **ETHNIC GROUP** |  |

Which of the following best describes your ethnicity or ethnic background?

|  |  |  |
| --- | --- | --- |
| White | British | [ ]  |
| Irish | [ ]  |
| European | [ ]  |
| Other white background | [ ]  |

|  |  |  |
| --- | --- | --- |
| Black or Black British | Caribbean | [ ]  |
| African | [ ]  |
| Other black background | [ ]  |

|  |  |  |
| --- | --- | --- |
| Mixed | White & Black Caribbean | [ ]  |
| White & Black African | [ ]  |
| White & Asian | [ ]  |
| Other mixed background | [ ]  |
| Asian or Asian British | Indian | [ ]  |
| Pakistani | [ ]  |
| Bangladeshi | [ ]  |
| Chinese | [ ]  |
| Other Asian Background | [ ]  |

|  |  |  |
| --- | --- | --- |
| Other | Arab | [ ]  |
| Latin American / Hispanic | [ ]  |

|  |  |
| --- | --- |
| Other ethnic group (please specify below) | [ ]  |
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| Prefer not to say | [ ]  |

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| **DISABILITY** |  |

A disabled person is defined under the Equality Act 2010 as somebody with a “physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability under the Equality Act 2010?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

If Yes, please indicate which of the following apply to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hearing impairment | [ ]  | Visual impairment | [ ]  | Speech impairment | [ ]  |
| Mobility impairment | [ ]  | Co-ordination difficulties | [ ]  | Mental Health | [ ]  |
| Cognitive or Learning Impairment | [ ]  | Autism Spectrum Disorder | [ ]  | Dyslexia | [ ]  |
| Long-term health condition | [ ]  | Progressive conditions | [ ]  | Prefer not to say | [ ]  |
| Other | [ ]  |  |

If other, please give more information below:

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If Yes, please describe any reasonable adjustments that you require for the purposes of the recruitment exercise.

(If you are completing this as a current or newly elected Board / Council / Staff member, please describe any reasonable adjustments that you require to fulfil your role)

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| **RELIGION OR BELIEF** |  |

Which of the following best describes your religion or belief?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Christian | [ ]  | Jewish | [ ]  | Muslim | [ ]  | Buddhist | [ ]  |
| Hindu | [ ]  | Sikh | [ ]  | Jainism | [ ]  | No religion | [ ]  |
| Prefer not to say | [ ]  | Other | [ ]  | If other, please specify |
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| **CARING RESPONSIBILITIES** |  |

Do you currently have any caring responsibilities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

If yes, please give further information below:

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| **POLITICAL AFFILIATION** |  |

Are you currently a member of, or do you strongly associate with, a political party? If so, which one?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Conservative |  [ ]  | Labour | [ ]  | Lib Dem | [ ]  | Green Party | [ ]  |
| SNP |  [ ]  | Plaid Cymru | [ ]  | SDLP | [ ]  | Alliance Party of NI | [ ]  |
| Women’s Equality |  [ ]  | Co-Operative | [ ]  | No Party / Unaffiliated | [ ]  | Prefer not to say | [ ]  |
| Other |  [ ]  | If other, please specify |
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| **ADDITIONAL INFORMATION** |  |

If there was not enough space to provide the necessary information in any section of this form, you can complete the relevant section(s) in the box below:

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When you have completed this form, please send it to us via one of the following methods:

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| **BY EMAIL**accessibility@europeanmovement.co.uk(e-mail is our preferred method)If you would prefer to post the form to us, please printthe document single-sided so that we can detachthe first page after processing to maintain anonymity. | **BY POST**Accessibility and DiversityThe European Movement UKc/o WeWork The Cursitor38 Chancery LaneLondonWC2A 1EN |