**Volunteer Diversity Data Capture form**

In order to ensure that Victim Support continues to develop its declared equality and diversity commitments, all applicants are asked to answer the questions below. This information will only be recorded if successful and will be treated as confidential and used for monitoring purposes only. The form will be separated from the application form on receipt before short-listing of candidates takes place. If you prefer not to disclose, please tick ‘prefer not to say’.

|  |  |
| --- | --- |
| **For Office use only. ID number** |       |
| **Date of birth:**  Prefer not to say **[ ]**  |
| **Age:**  Prefer not to say **[ ]**  |
| **Gender (please tick):** |
| Male **[ ]**  | Female **[ ]**  | Prefer not to say **[ ]**  |
| **Are you the same gender now as assigned at birth (please tick):** |
| Yes **[ ]**  | No **[ ]**  | Prefer not to say **[ ]**  |
| **Sexual Orientation (please tick):** |
| Bisexual **[ ]**  | Gay woman/lesbian **[ ]**  |  Gay man **[ ]**  |
| Heterosexual/straight **[ ]**  | Other **[ ]**  | Prefer not to say **[ ]**  |
| **Ethnicity (please tick):** |
| **Asian or Asian British:** |
| Bangladeshi **[ ]**  | Chinese **[ ]**  | Indian **[ ]**  |
| Pakistani **[ ]**  | Other Asian **[ ]**  |  |
| **Black or Black British:** |
| Black African **[ ]**  | Black Caribbean **[ ]**  | Other Black **[ ]**  |
| **Mixed Ethnicity:** |
| White & Asian **[ ]**  | White & Black African **[ ]**  | White & Black Caribbean **[ ]**  |
| Other Mixed **[ ]**  |  |
| **White:** |
| British/English/Welsh/Scottish/N Irish [ ]  | Gypsy or Irish Traveller **[ ]**  | Irish **[ ]**   |
| Other White **[ ]**  |  |
| **Other Ethnic Group:** |
| Arab/Middle Eastern **[ ]**  | Other **[ ]**  Prefer not to say **[ ]**  |
| **Religion (please tick):** |
| Buddhist **[ ]**  | Christian **[ ]**  | Hindu **[ ]**  |
| Jewish **[ ]**  | Muslim **[ ]**  | Sikh **[ ]**  |
| Other **[ ]**  | I do not have a religion **[ ]**  | Prefer not to say **[ ]**  |
| **Marital status:** |
| Civil partnership **[ ]**  | Co-habiting **[ ]**  | Divorced **[ ]**  |
| Married **[ ]**  | Partner **[ ]**  | Separated **[ ]**  |
| Single **[ ]**  | Widow **[ ]**  | Widower **[ ]**  |
|  |  | Prefer not to say **[ ]**  |
| **Do you consider yourself to have a disability?\*:** |
| Yes **[ ]**  | No **[ ]**  | Prefer not to say **[ ]**  |
| **Caring responsibilities** |  |  |
| Do you have Carer Responsibilities? Yes **[ ]**  No **[ ]**  | Prefer not to say **[ ]**  |
| **Do you have needs that require your own carer?** Yes **[ ]** No**[ ]**  | Prefer not to say **[ ]**  |
|  |  |

*\*The 2010 Equality Act defines a person as disabled if they have a long term impairment (i.e. has lasted or is expected to last at least 12 months) that has an adverse effect on the person’s ability to carry out normal day to day activities.*