

Dalkeith CAB

Equal Opportunities Monitoring Form

Complete online at: <https://tinyurl.com/DalkeithCAB-Trustee-EO>

Role Title	
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Our CAB is striving to ensure equality of opportunity in employment, volunteering, governance and service delivery. We would like to know whether the widest range of people possible are engaging with CAB so we can identify ways of attracting more people who are not currently represented.

Your co-operation in completing this form is greatly appreciated. Information provided will be regarded with strict confidentiality and be processed in line with requirements of the Data Protection Act 2018. We will only retain information as long as legally required and will disclose no information to third parties that could lead to the identification of any individual. Please read the CAB Privacy Policy for further information on how we process information you provide. You are not obliged to complete this form or complete all questions within it. Your responses or your choice not to respond, will not affect the application process. Thank you.

1. **Ethnic Identity.** How do you describe yourself?

Choose ONE section from A to F, and then tick the appropriate box

- A** **Asian or Asian British**
 Bangladeshi
 Indian
 Pakistani
 Any other Asian background, please write in box
- B** **Black or Black British**
 African
 Caribbean
 Any other Black background, please write in box
- C** **Chinese or other ethnic group**
 Chinese
 Any other, please write in box
- D** **Mixed Heritage**
 White and Asian
 White and Black African
 White and Black Caribbean
 Any other Mixed background, please write in box
- E** **White**
 British
 English
 Irish
 Scottish
 Welsh
 Any other White background, please write in box
- F** **Prefer not to say**

Disability monitoring. To make positive changes, the CAB wants to address the different barriers faced by disabled people. This may include making reasonable adjustments to enable you to volunteer.

What do we mean by disability? Do you have a physical or mental impairment? Is it long term? Does this make it difficult for you to do the things that most people do on a fairly regular and frequent basis?

2. Disability

Do you consider yourself to have a disability or a long-term health condition?

- Yes No Prefer not to say

If yes, what is the effect or impact of your disability or health condition? Prefer not to say

If you would like to discuss your response, or are unsure of the types of reasonable adjustment that might be possible, please contact the bureau manager in confidence.

CAB is committed to creating an environment where barriers are removed for disabled people and they can give of their best to succeed in our organisations.
This information will remain confidential within HR.

3. Gender identity

Would you describe yourself as:

- Man Woman Non-binary Other gender identity Prefer not to say

Please provide any further information on your gender identity if you wish:

4. Sexual orientation

What is your sexual orientation?

- Bisexual Heterosexual / Straight
- Gay man Other
- Gay Woman / Lesbian Prefer not to say

5. Age

What is your age range?

- <20 35-39 55-59
- 20-24 40-44 60-64
- 25-29 45-49 65+
- 30-34 50-54 Prefer not to say

6. Religion and belief

Please tick the box that best describes you:

- Buddhist Other (please state below)
- Christian
- Hindu
- Sikh
- Jewish
- Muslim
- No Religion
- Prefer not to say