

Equality and diversity monitoring questionnaire

Avoncroft Museum is committed to upholding and improving equality and diversity in all areas of its work. This includes building an accurate picture of the make-up of our workforce, both staff and volunteers.

Avoncroft needs your help and co-operation to enable us to do this by completing this questionnaire but filling in this form is voluntary.

* The data on this form will be retained and processed for statistical purposes to assist Avoncroft Museum in the monitoring of equal opportunities.
* The information you provide will stay confidential and be stored securely. The data will be used to produce statistical reports, which comprise a series of anonymous figures.
* Only those monitoring recruitment and staff and volunteer movement will have access to the data.
* The information collated has no part in the shortlisting process, will not lead to a quota system, nor be used against any particular group.

By completing and returning the questionnaire you agree to the information being used in the way described above.

Position applied for: Trustee

Date questionnaire completed:

Please return this completed form with your application form by email to XXXX or in an envelope marked ‘Strictly confidential’ to:

XXXX

Avoncroft Museum, Stoke Heath, Bromsgrove, Worcestershire, B60 4JR

Gender

Please tick the box of the gender as which you identify.

Male 🗆 Female 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use another term, please write in here:

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.

***Mixed/multiple ethnic groups***

White and Asian 🗆 White and Black African 🗆 White and Black Caribbean 🗆

Prefer not to say 🗆 Other mixed/multiple background, please write in:

***Asian/Asian British***

Bangladeshi 🗆 Indian 🗆 Pakistani 🗆 Chinese 🗆

Prefer not to say 🗆 Other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

Black African 🗆 Black Caribbean 🗆 Prefer not to say 🗆

Other Black/African/Caribbean background, please write in:

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Irish Traveller 🗆 Prefer not to say 🗆

Other white background, please write in:

***Other ethnic group***

Arab 🗆 Gypsy 🗆 Prefer not to say 🗆

Other ethnic group, please write in:

***Prefer not to say*** 🗆

Education (please tick all that apply)

High school 🗆 College/University 🗆 Masters/PhD 🗆 Professional 🗆

Prefer not to say 🗆

Married or in a civil partnership

Yes 🗆 No 🗆 Divorced/separated 🗆 Widowed 🗆 Prefer not to say 🗆

Disability

The Disability Discrimination Act defines a person as disabled if ''they have a physical or mental impairment, which has a substantial and long term (has lasted, or is expected to last, for at least 12 months) adverse effect on their ability to carry out normal day to day activities''.

In light of this, do you consider yourself to have a disability?

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability on your ability to give your best at work?

Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your line manager.

Religion, faith or belief

No religion 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆

If other religion or belief, please write in here:

Sexual orientation

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use another term, please write in here:

Age

Date of birth (dd/mm/yyyy): Prefer not to say 🗆

Current employment status / working pattern

Full-time 🗆 Part-time 🗆 Casual 🗆 In full-time education 🗆

Unemployed 🗆 Retired 🗆 Prefer not to say 🗆

Current contractual flexible working arrangement

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Flexible shifts 🗆 Annualised hours 🗆 Job-share 🗆 Home-working 🗆

Prefer not to say 🗆 If other, please write in:

Caring responsibilities (If yes, please tick all that apply)

None 🗆 Secondary carer (another person carries out the main caring role) 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person (65 and over) 🗆

Primary carer of disabled child (under 18) 🗆 Primary carer of child (under 18) 🗆

Prefer not to say 🗆