

Sickle Cell Society – Equal Opportunities Form

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify and address barriers to workforce diversity, equity and inclusion.

Please complete this form and email it with your application to mentors@sicklecellsociety.org. The form will be separated from your application on receipt and the information will be anonymised. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

Thank you for your assistance.

Gender

What is your gender (please tick)?

- Male
- Female
- Prefer not to say

(If you are undergoing gender reassignment, please use the gender you identify with.)

Gender identity

[Is your gender identity the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

Ethnic group

How would you describe your nationality (please tick)?

- British English Welsh
- Scottish Northern Irish Other (please specify)
- Prefer not to say

How would you describe your ethnicity (please tick)?

- A** **B** **C**

White:		Mixed or multiple ethnic groups:		Asian or Asian British:	
English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Any other mixed or multiple background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other White background				Any other Asian background	<input type="checkbox"/>

Black or Black British:		Other ethnic groups:			
Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>		
Any other Black, Black British or Caribbean background	<input type="checkbox"/>				

Age

What is your age (please tick)?

16–17	<input type="checkbox"/>	18–21	<input type="checkbox"/>	22–30	<input type="checkbox"/>	31–40	<input type="checkbox"/>	41–50	<input type="checkbox"/>
51–60	<input type="checkbox"/>	61–65	<input type="checkbox"/>	66–70	<input type="checkbox"/>	71+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Sexual orientation

How would you describe your sexual orientation (please tick)?

Heterosexual / straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Asexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Gay woman / lesbian	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
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Religion or belief

How would you describe your religion or strongly held belief (please tick)?

No religion	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
My strongly held belief is	
.....	

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act 2010 (please tick)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Used to have a disability but have now recovered	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		