

# DIVERSITY MONITORING INFORMATION

We would be grateful if you could complete and return this form.

The information you have supplied will be kept confidentially. Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

## Your age

Date of birth: (e.g. 01/10/1980)

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## Your age group

- Under 18
- 18-29
- 29-39
- 40-49
- 50-59
- 59+
- Prefer not to say

## Marital status (Please choose one box)

- Single (Never Married)
- Married
- Separated
- Divorced
- Widowed
- Other (please specify)
- 

## Number of Dependents (Please choose one box)

- I have responsibility for one or more dependents
- I do not have responsibility for one or more dependents
- I do not wish to say

## Ethnicity Which ethnic group do you most identify with?

**Asian**, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Bangladeshi
- Indian
- Pakistani

Any other Asian background (please specify)

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**Black**, Black British, Black English, Black Scottish, or Black Welsh

- African
- Caribbean

Any other Black background (please specify)

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**Chinese**, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group

- Chinese

Any other ethnic background (please specify)

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## Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese

Any other Mixed background (please specify)

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## White

- British
- English
- Irish
- Scottish
- Welsh

Any other White background (please specify)

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## Your religion or belief

Which group below do you most identify with?

- No religion
- Baha'i
- Buddhist
- Catholic
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or belief (specify if you wish)

## Your Gender

- Male
- Female
- Prefer not to say

It is unlawful to discriminate on the grounds of transsexual identity, i.e. against someone who intends to undergo, is undergoing, or has already undergone gender reassignment.

**Do you identify yourself as transsexual according to the definition above?**

- Yes
- No
- Prefer not to say

## Your sexual orientation

- Bisexual
- Gay man
- Gay woman / lesbian
- Heterosexual / straight
- Other (please specify)

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## Disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability according to the terms given in the DDA?**

- Yes
- No
- Prefer not to say

If you answered yes, can you please indicate below the day to day activities affected by your disability. (Tick as many as applicable)

- Vision
- Hearing
- Speech
- Progressive condition
- Mobility
- Manual Dexterity
- Physical coordination
- Ability to learn or understand, or memorise
- Ability to lift, carry or move everyday objects
- Other

If you wish or selected other, please state your disability here:

## Declaration

I understand that the information I have provided above will be recorded and processed by the HR Department either manually and/or electronically in accordance with the Data Protection Act 1998 and the data protection principles contained therein.

**Name:**

**Signed:**

**Date:**