DIVERSITY MONITORING INFORMATION

Your age

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

Your age group		
Under 18 18-29 29-39 40-49	00000	
50-59	\bigcirc	
59+	\bigcirc	
Prefer not to say	\bigcirc	

Marital status (Please choose one box)

Single (Never Married)	\bigcirc
Married	Ŏ
Separated	Ŏ
Divorced	Õ
Widowed	Õ
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)

Black

Black British, Black English, Black Scottish, or Black Welsh African Caribbean Any other Black background (please specify)

Chinese

Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group Chinese O Any other ethnic background (please specify)

Mixed

White and Asian	\bigcirc
White and Black African	Õ
White and Black Caribbean	\bigcirc
White and Chinese	\bigcirc
Any other Mixed backgroun	d (please specify)





Your religion or belief

Which group below do you most identify with?

No religion	(\supset
Baha'i	(Ō
Buddhist	(Ō
Catholic	(Ō
Christian	(Ō
Hindu	(Ō
Jewish	(\supset
Muslim	(\supset
Sikh	(\supset

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)

	\sim
Vision	\bigcirc
Hearing	\bigcirc
Speech	\bigcirc
Progressive condition	\bigcirc
Mobility	\bigcirc
Manual Dexterity	\bigcirc
Physical coordination	Ō
Ability to learn or understand, or memorise	Ō
Ability to lift, carry or move everyday objects	\bigcirc
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: