# Equal opportunities in recruiting volunteers

### Please note that this form must be completed and returned to the address on the volunteer application form.

VoiceAbility is committed to promoting equality in all activities and aims to provide an environment that is free from all forms of discrimination and unfair treatment.

It is the policy of VoiceAbility that no employee, volunteer, or user of its services will receive less favourable treatment on any grounds which cannot be justified. We welcome all applications to become a volunteer, regardless of age, disability, race, sex, ethnicity, sexual orientation, gender reassignment, marital or civil partnership status, pregnancy, caring responsibilities or religion / belief.

VoiceAbility particularly welcomes applications from people with a disability, or direct experience of mental health problems or learning difficulties, as this helps us to ensure that we put people with disabilities at the centre of everything we do.

To confirm this commitment VoiceAbility has a full equal opportunities policy which is available on request.

In order for this policy to be effective we need to regularly review and monitor the applications we receive by collecting data from those who apply. This helps us to comply with relevant legislation and to ensure that our policies and practices are fair and effective. The data collected will be kept securely and will only be viewed by those monitoring the data to form statistical reports to assess the impact of our Equal Opportunities Policy. As this form contains sensitive personal data this will only be processed in accordance with the Data Protection Act 1988.

**Individuals will not be identifiable on any reports or summaries where this information is used. When the reports have been produced the initial form will be destroyed. This form will be treated in the strictest confidence and will not form any part of our recruitment process for volunteers.**

You are not required to answer these questions and your application will not be affected if you choose not to do so.

## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

### Before you complete the form please read the instructions below.

* Do not put your name on this part of the form.
* If you do not wish to answer any of the questions on the form then leave those parts blank
* Please return it to us with your application.

**1. GENDER- Are you:** Male Female

 **2. AGE - How old are you?**

 Under 25 25 – 34 35 – 44 45 – 54 55 – 65

Over 65

 **3. ETHNIC ORIGIN - How would you describe your ethnic origin or background?**

White British African Bangladeshi

Gypsy/Romany/Traveller

 Irish Indian Chinese Other European

Black British Pakistani Arab Caribbean

 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. RELIGION – How would you describe your religious beliefs?**

NoneBuddhist Hindu Jewish

 Muslim Sikh Christian

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. CARING RESPONSIBILITIES – Do you care for any of the following?**

Dependent Child(ren) Dependent Adult(s)

**6. WORK STATUS – Are you currently:**

In paid full-time work In paid part-time work Unemployed

Retired Volunteer A Student

**7. DISABILITY Do you have one or more impairments or conditions such as those below? (This list is not exhaustive) Yes No**

a) Cerebral palsy b) Autism

c) Dyslexic/dyspraxia d) Wheelchair-user

e) Physical impairment f) Deaf or hard of hearing

g) Speech impairment h) Learning difficulties

i) Blind or visual impairment - not fully correctable by glasses

j) Mental health condition - current or previous e.g. depression

k) Long-term medical condition or illness - including anything for which you take regular prescribed medication or need regular medical treatment e.g. diabetes, cancer, epilepsy, asthma etc