

EQUAL OPPORTUNITIES/ DISABILITY MONITORING FORM
FOR VOLUNTEERS

This form is attached to your Application Form. This information is being requested in order to assist us with our Equal Opportunities monitoring and not for the purpose of discrimination. You do not have to provide this information if you do not wish to do so and it will not prejudice your application should you decide not to submit this information.

This information will be removed for the purposes of interview and selection.

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| EQUAL OPPORTUNITIES | | | | | | | | | | | |
| This Company practices Equal Opportunities in its voluntary work and has a statement of Policy to that effect. In order for us to monitor the effectiveness of the policy towards Volunteers in accordance with the codes of practice issued by the Commission for Racial Equality, The Equal Opportunities Commission and advice from the Employers Forum on Disability, would you please answer the following questions by ticking the appropriate box | | | | | | | | | | | |
| I would describe my Ethnic Origin as: | | | | | | | | | | | |
| Afro-Caribbean | | | African | | | Indian Sub-Continental | | | | | |
| Chinese | | | European (inc. UK) | | | | | | | | |
| Other: (please specify) | | | | | | | | | | | |
| Gender: | | Male: <input type="checkbox"/> | | Female: <input type="checkbox"/> | | | | | | | |
| Age Range: | | Up to 25 <input type="checkbox"/> | | 26-35 <input type="checkbox"/> | | 36-45 <input type="checkbox"/> | | 46-55 <input type="checkbox"/> | | 56 and over <input type="checkbox"/> | |
| Marital Status: | | | | | | | | | | Number of Dependants: | |
| I understand that this information may be stored and processed as part of the YMCA's monitoring of equal opportunities and as part of the volunteers recruitment procedure and give my consent for my details to be used for this purpose. | | | | | | | | | | | |
| Signed: Date: | | | | | | | | | | | |

DISABILITY

For the purpose of finding out whether any reasonable adjustments need to be made to allow you to carry out the role which you are applying for, please complete the following

Are you:

Registered Disabled

Disabled but not Registered

Not Registered Disabled

If applicable, please give registered disabled number and brief details of disability:

N.B. If you have a disability that might affect your ability to perform well at interview please notify the business to discuss what adjustments or arrangements may be made to accommodate you and every effort will be made to facilitate you at interview.