

CVS Falkirk Resource Library
Volunteer Equality and Diversity Monitoring Form



We are committed to ensuring equality in the involvement of volunteers from diverse backgrounds and cultures and those who have various abilities. We strive to include volunteer opportunities that are accessible to all. As part of our monitoring process, relating to our commitment to equality and diversity, we invite all applicants to complete the Equal Opportunities Form.

Please note – completion of this questionnaire will **not** form any part of the volunteer selection process and the information you provide in the form will be used solely for monitoring purposes. Any information provided is **confidential**.

Do you identify with any of the following genders?

Male Female Prefer not to say

Please tick the appropriate box according to your age:

Under 18 18-24 25-34 35-44
45-59 60-74 75 or above

Please tick the box which best describes your ethnic group:

White - Scottish	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>
White - British	<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Asian - Bangladeshi	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Other background (please specify): _____	
Black – Other	<input type="checkbox"/>	I choose not to disclose	<input type="checkbox"/>

Would you consider yourself as having a disability?

Do you have a recognised disability? Under the Equality Act 2010, a disability is described as a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

Yes No

If yes, please specify: _____

Do you identify with any of the following religious beliefs?

None	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Other belief (please specify): _____	
		I choose not to disclose	<input type="checkbox"/>

Please tick the box which best describes your sexual orientation:

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	Other orientation not listed above: _____	
		I choose not to disclose	<input type="checkbox"/>

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Related Documents:

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