In accordance with its equal opportunities statement, HUU and HUSSO Volunteering projects will provide equal opportunities to all volunteers and participants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital or civil partnership status, disability, sexual orientation, gender reassignment, religion or age.

In order to enable HUU and HUSSO ensures compliance with its policy statement, a system of monitoring has been set up. This monitoring is entirely anonymous and your personal information will not be linked to the monitoring information. You are free to choose not to participate in the monitoring exercise.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided is provided anonymously, will be treated in confidence and will be used solely for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form or drop it off separately if you wish.

Thank you for your assistance in completing this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your age?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following best describes how you think of yourself?**

**Man**  **In another way - please describe:**

**Woman**  **Prefer not to say**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your gender identity the same as the gender you were originally assigned at birth?**

**Yes**  **No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following best describes how you think of yourself?**

**Bisexual**  **Heterosexual / Straight**

**Gay / Lesbian**  **In another way – please describe:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe your ethnicity?**

*Chose one option that best describes your ethnic group or background*

**White**

**English / Scottish / Welsh / Northern**

**Irish / British**

**Irish Gypsy / Traveller**

**Any other White background**

**Mixed / Multiple Ethnic groups**

**White and Black Caribbean**

**White and Black African**

**White and Asian**

**Any other Mixed / Multiple ethnic background**

**Asian / Asian British**

**Indian**

**Pakistani**

**Bangladeshi**

**Chinese**

**Any other Asian background**

**Black / African / Caribbean / Black British**

**African**

**Caribbean**

**Any other Black / African / Caribbean / Black British background**

**Any other ethnic group**

**Arab**

**Any other ethnic group – Please describe:**

**Prefer not to say**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your nationality?**

**English**

**Scottish**

**Welsh**

**Northern Irish**

**British**

**Irish**

**United States**

**Australia**

**Germany**

**France**

**Canada**

**Russian Federation**

**Japan**

**Spain**

**China**

**New Zealand**

**South Africa**

**South Korea**

**Other – please specify:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your religion, faith or belief?**

**Buddhist**

**Christian**

*(including Catholic, Church of England, Church of Scotland Protestant and all other Christian denominations)*

**Hindu**

**Jewish**

**Muslim**

**Sikh**

**Spiritual**

**Agnostic**

**Atheist**

**Any other religion or belief – please specify:**

**None**

**Prefer not to say**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any caring responsibilities for children under the age of 18?**

**Yes  No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have caring responsibilities for anyone over 18 years?**

**For example you may care for an adult disabled child, your partner, or a parent, who is unwell.**

**Yes  No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a specific learning disability, other disability, impairment or long-term health condition?**

**Yes  No**

**Don’t know**  **Prefer not to say**

**If you answered ‘yes’ please describe your disability, impairment or long-term health condition.** *Please select all that apply*

**Physical impairment, such as using a wheelchair to get around and/or mobility difficulties**

**Blind or partially-sighted**

**Deaf or hard of hearing**

**Mental health difficulties, such as depression or schizophrenia**

**Learning difficulty, such as dyslexia or dyspraxia**

**Profound and/or multiple learning difficulties**

**Autism Spectrum Disorder**

**An unseen disability or health condition e.g. diabetes, epilepsy, asthma, HIV**

**A disability not listed above - Please describe:**

**Prefer not to say**

**No known disability, impairment or long-term health condition**

**Please give any additional information so that, if necessary, reasonable adjustments may be made on the programme.**

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to HUU and HUSSO Volunteering processing the data supplied on this form for the sole purpose of equal opportunities monitoring.