



Completion of this form is entirely voluntary, and all questions are optional.

Sylva Foundation aims to meet the aims and commitments set out in its *Equality and Diversity policy*. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable us to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely with access limited to only some staff involved in the organisation’s management of Human Resources.

Please return the completed form in an envelope marked ‘**Strictly Confidential**’ to: Director of Operations, Sylva Foundation, Little Wittenham Road, Long Wittenham, Oxfordshire, OX14 4QT.

Gender Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please detail:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please detail:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please detail:.....

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please detail:.....

Other ethnic group

Arab Prefer not to say Any other ethnic group, please detail:.....

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please detail here:

.....



The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Bisexual Gay woman/lesbian Gay man Heterosexual
Prefer not to say If other, please detail:.....

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please detail:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please detail:.....

Do you have caring responsibilities? If yes, please tick all that apply:

None Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

THANK YOU FOR COMPLETING THIS FORM