**A picture containing graphical user interface

Description automatically generated**

Wandsworth Carers’ Centre wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the work force in encouraging equality and diversity.

We need your help and co-operation to enable us to do this, but filling in this form is voluntary.

The information you provide will be kept confidential, will be stored securely and will be limited to staff involved in recruitment and human resources.

Please complete this form along with your application form. This sheet will be detached from your application form and it will not be used in any decision about whether or not to offer you the post.

**Trans status monitoring**

Does your gender identity match the sex you were assigned at birth (or in early childhood)?

Yes  No  Prefer not to say

**Gender Identity**

Which of the following best describes your gender identity?

Man/male (including trans man)  Woman/female (including trans woman)

Non-binary  Prefer not to say

I identify in another way (e.g. gender fluid, agender, questioning)/use my own description: ………………………………………………………………………………………………………………………….

**Sexual Orientation**

How would you define your sexual orientation?

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say

I identify in a way not given above (e.g. pansexual, asexual, questioning) / I self-identify (use my description): …………………………………………………………………………………………………………………………………..

**Pronouns**

Please use the following pronouns to describe me:

He/Him  She/Her  They/Them  No pronouns  Prefer not to say

If your pronouns have not been listed above, please write in space. My pronouns are: ……………………………………………………………………………………………………………………………………

**Ethnicity**

What do you consider to be your ethnic origin? ………………………

Prefer not to say

**Age**

In what year were you born? ………………………

Prefer not to say

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

Yes  No  Prefer not to say

This information is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ then please discuss this with the manager running the recruitment process.

**Is there anything else you would like to tell us? (Please write in space)**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Do you have Caring responsibilities?**

Yes  No  Prefer not to say