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Description automatically generated

**Registered charity number 1155419**

**Registered Address: Pear Tree Centre, Bungay Road, Halesworth, Suffolk, IP19 8SG**

**Equal Opportunities Monitoring Form**

The Pear Tree Fund believes that all people should be equally valued irrespective of their age; disability; ethnic or national origin; nationality; race; skin colour; religious beliefs; gender or gender reassignment status; sexual orientation; marital or civil partnership status; trade union membership or employment status.

The Pear Tree Fund is committed to the elimination of discrimination and the development of anti-discriminatory employment practices which promote equal opportunities, diversity and dignity. We aim for our workforce to be representative of diverse communities and all sections of society. We strive to create an environment in which every employee and volunteer feels respected, valued and able to give of their best.

Further information on how we collect and process your personal data can be found in our Privacy Notice, which is available upon request, or available on our website [www.peartreefund.org](http://www.peartreefund.org)

The information collected on this form is used to ensure that our policies are being followed, that we continue to be an inclusive employer and that unlawful discrimination is prevented. Completion of this form is voluntary. Any information provided in this form will be treated in the strictest confidence

To help us ensure candidates are selected and treated according to ability and merit and that no unfair or unlawful discrimination takes place, please complete this form.

The information you provide **will not** form part of the selection / shortlisting process.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for the post of:** | | |  | | | | |
| **Where did you see this job advertised?** | | | Pear Tree Fund website  Job board (please state):  Social media (please state):  Other (please state): | | | | |
| ***Completion of this form is voluntary. If you prefer not to respond, please leave the boxes blank*** | | | | | | | |
| **Gender**  Male  Female  Non-binary  Intersex | | | | Trans Male  Trans Female  Other (specify if you wish):  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 | |

|  |  |  |
| --- | --- | --- |
| **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:  *The categories are based on the Census 2011 categories* | | |
| **Asian / Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Other (specify if you wish):  **Black / Black British**  African  Caribbean  Other (specify if you wish): | **Mixed**  Asian and white  Black African and white  Black Caribbean and white  Black British/white  Other (specify if you wish):    **White**  British  English  Gypsy or Irish Traveller  Irish  Northern Irish  Scottish  Welsh  Other (specify if you wish):  Other Ethnic group (specify if you wish): | |
| **What is your sexual orientation?**  Heterosexual  Gay  Lesbian | | Bisexual  Asexual  Other (specify if you wish):  Prefer not to say |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What is your religion or belief?**  No religion  Buddhist  Christian  Hindu | | | Jewish  Muslim  Sikh  Other (specify if you wish):  Prefer not to say | | | |
| **Disability**  The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term (12 months or more) adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself to be disabled? | | | | | | |
| Yes | No | | | | Prefer not to say | |
| *The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the line manager of the post or person managing the recruitment process.* | | | | | | |
| **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 (under 18)  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 | | | |
| **Do you consider yourself to have/have had a mental health problem?** | | Yes | | No | | Prefer not to say |
| *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 person managing the recruitment process.* | | | | | | |