

## Quickbar Ltd

### EQUALITY MONITORING FORM

Quickbar Ltd collects equality information solely for monitoring purposes to ensure that our policies and procedures are effective. Our Equality Policy commits us to having a workforce that reflects all sections of society – the data you share will be used to monitor and evaluate if these obligations are met or not. Quickbar Ltd is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No applicants will be discriminated against regardless of their age, colour, disability, ethnicity, gender or gender identity, race, religion or belief and / or sexual orientation or if you do not wish to complete this form.

The information you enter on this Equality and Diversity monitoring form will be used for monitoring purposes only and will not be used in assessing and or scoring your application or at interview stage. This information is kept fully confidential and accessibility is strictly limited in accordance with the Data Protection Act.

**1. Position applied for:**

**2. Are you:**

Staff member full time  
Staff member part time  
Volunteer  
Job Applicant  
Job Applicant – from an Agency  
Board member

**3. Gender**

Male  
Female  
Do not wish to disclose

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

Do you live and work in a gender other than that assigned at birth

Yes  
No  
Do not wish to disclose

**4. What age group do you belong to?**

18-25  
26-35  
36-45  
46-55

56 –65  
65+  
Do not wish to disclose

**5. How would you describe your sexuality?**

Heterosexual  
Gay  
Lesbian  
Bi-sexual

Do not wish to disclose

**6. Do you consider yourself to have a disability?**

The Equality Act 2010 protects people who are disabled including those with long-term health conditions.

Yes  
No  
Do not wish to disclose

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

Physical Impairment      Learning Disability / Difficulty  
Sensory Impairment Long-standing Illness  
Mental Health Condition    Other

**7. Please indicate which ethnic group you consider yourself to belong to?**

**White**

White – British (to include Northern Ireland, Scotland & Wales)  
White – Irish  
White - European  
Other White

**Black**

Black or Black British – Caribbean  
Black or Black British – African  
Other Black

**Asian**

Asian or Asian British – Indian  
Asian or Asian British – Pakistani  
Asian or Asian British – Bangladeshi  
Chinese  
Other Asian

**Mixed**

Mixed – White & Black Caribbean

Mixed – White & Black African

Mixed – White & Asian

Other Mixed

**Other/unknown**

Ethnic identity not known

Do not wish to disclose

If you have selected 'Other' please state which group you consider yourself to belong to:

**8. Please indicate which religion you consider yourself to belong to?**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Do not wish to disclose

Other religion - please state:

**Thank you for taking the time to complete this equality monitoring form.**