Aspire Care (SW) Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential.

The information you provide will be treated as strictly confidential in line with the Data Protection Act 2018 and will be used only for equal opportunities monitoring. It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

#### IMPORTANT - Please Note:

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.

Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

**Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnic Origin** - Please indicate your Ethnic Origin

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British o** Bangladeshi   * Indian * Pakistani * Any other Asian background | **Mixed**   * White & Asian * White & Black African * White & Black Caribbean * Any other mixed background | **Other Ethnic Background o** Chinese   * Any other Chinese background * Any other ethnic background |
| **Black or Black British** | **White** |  |
| **o** African | **o** British | **o** I do not wish to disclose my ethnic |
| **o** Caribbean | **o** Irish | origin |
| **o** Any other Black background | **o** Any other white background |  |

**Gender** - Please indicate your Gender

|  |  |
| --- | --- |
| **o** Female | **o** Male |
| **o** Transgender Female | **o** Transgender Male |
| **o** Other | **o** I do not wish to disclose my gender |

**Sexual Orientation** - Please indicate your Sexual Orientation

|  |  |  |
| --- | --- | --- |
| **o** Bisexual | **o** Heterosexual | **o** Other |
| **o** Gay | **o** Lesbian | **o** I do not wish to disclose my sexual  orientation |

**Religion or Belief** - Please indicate your Religion or Belief

|  |  |  |
| --- | --- | --- |
| **o** Buddhist | **o** Jewish | **o** None |
| **o** Christian | **o** Muslim | **o** Other |
| **o** Hindu | **o** Sikh | **o** I do not wish to disclose my  religion or belief |



**Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status** - Please indicate your Marital Status

|  |  |  |
| --- | --- | --- |
| **o** Common Law Partnership | **o** Married/Civil Partnership | **o** Widowed |
| **o** Divorced | **o** Single | **o** Other |

#### As per Equality Act 2010:

Under the terms of the Act a disability is defined as a “physical or mental impairment which has a substantial and long- term effect on a person’s ability to carry out day to day activities”.

#### Do you consider yourself to have a Disability?

|  |  |  |
| --- | --- | --- |
| **o** Yes | **o** No | **o** I do not wish to disclose whether or not I have a disability |

**Caring Responsibilities** - Do you have any care responsibilities for anyone?

|  |  |  |  |
| --- | --- | --- | --- |
| **o** Yes | | **o** No | |
| If yes are they: | | | |
| **o** Children under 16 | **o** Disabled | | **o** Sick or Elderly |