

# Equality and diversity monitoring form

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South Warwickshire Local Food CIC 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 workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact Esther ([info@fiveacrefarm.org.uk](mailto:info@fiveacrefarm.org.uk) or 02476441613)

Please return the completed form to [info@fiveacrefarm.org.uk](mailto:info@fiveacrefarm.org.uk).

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**Gender** Male  Female  Intersex  Non-binary  Prefer not to say

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes  No  Prefer not to say

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**Age** 16-24  25-29  30-34  35-39  40-44  45-49

50-54  55-59  60-64  65+  Prefer not to say

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## **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

### ***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

### ***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say

Any other Black, African or Caribbean background, please write in:

### ***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

### ***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please write in:

### ***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

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**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 work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please contact us so we can discuss with you what is needed.

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**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual

Pansexual  Undecided  Prefer not to say

If you prefer to use your own identity, please write in:

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**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 write in:

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**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