#

Trustee Recruitment 2020

# Equal Opportunities Monitoring Form

360Giving is committed to equality in all its work. To aid us in monitoring the effectiveness of our recruitment process, we ask that you complete the anonymous monitoring form below.

The data you provide here will be separated from your application form and transferred to our monitoring system and **will not be made available to the recruitment panel**. All information given will be treated in confidence and only reported in aggregate.

**This information will have no impact on the final recruitment decision.**

360Giving’s [Privacy Statement](https://www.threesixtygiving.org/privacy/) and the recruitment pack for the role provide information about 360Giving handles data. By completing and returning this form, you are consenting to us processing and retaining your personal data for recruitment purposes.

Please leave blank any questions you would prefer not to answer.

|  |  |
| --- | --- |
| **Where did you see the role advertised?** |  |
| **Gender** (please state) |  |
| **Ethnic Identity** (please state) |  |

Sexual orientation *(please select one by marking ‘x’ or leave blank if you would prefer not to say)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bisexual** |  | **Gay** |  | **Heterosexual** |  | **Lesbian** |  | **Other** |  |

Age *(please select one by marking ‘x’ or leave blank if you would prefer not to say)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **18-24** |  | **25-34** |  | **35-44** |  | **45-54** |  | **55-64** |  | **65+** |  |

**Disability:**

The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’.  *(please select one by marking ‘x’ or leave blank if you would prefer not to say)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** | **Yes** |  | **No** |  |
| If “yes” please provide details: |  |