

The Cellar Trust Equality and Diversity Monitoring Form

As an organisation the Cellar Trust wants to meet the aims and commitments set out in our Equal Opportunities Policy. This includes not discriminating under the Equality Act 2010 and monitoring our workforce for diversity to check whether we need to make any changes to our practices. We need your help and co-operation to enable us to do this, but filling in this form is voluntary. The information you supply on this form will be kept confidentially and anonymously and it has no part in the shortlisting process.

Gender Mar	n □ vvoman □	Intersex	Non-binar	у 🗆 Р	refer not to s	say 🗆		
If you prefer to use your own term, please state:								
Are you mar	ried or in a civil pa	rtnership?	Yes □	No □	Prefer not t	o say 🗆		
Age								
	25-29 □ 55-59 □		35-39 65+		40-44 □ Prefer not to	45-49 [say [
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:								
White English □ Welsh □ Scottish □ Northern Irish □ Irish □ British □ Gypsy or Irish Traveller □ Prefer not to say □ Any other white background, please state:								
Mixed/multiple ethnic groups White and Black Caribbean □ White and Black African □ White and Asian □ Prefer not to say □ Any other mixed background, please state:								
Asian/Asian British Indian □ Pakistani □ Bangladeshi □ Chinese □ Prefer not to say □ Any other Asian background, please state:								
Black/ African/ Caribbean/ Black British African □ Caribbean □ Prefer not to say □ Any other Black/African/Caribbean background, please state:								
Other ethnic Arab □ Any other eth	· .	•						



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Do you consider yours	self to have a disability or health condition?
Yes □ No □ Pre	efer not to say □
What is the effect or imp your best at work? Pleas	act of your disability or health condition on your ability to give se state:
'reasonable adjustments	orm is for monitoring purposes only. If you believe you need any s', then please discuss this with your line manager, or the person process if you are a job applicant.
What is your sexual or	ientation?
Heterosexual □ Gay Prefer not to say □	v woman/lesbian □ Gay man □ Bisexual □
If you prefer to use your	own term, please state:
What is your religion of	r belief?
No religion or belief □ Muslim □ Sikh □ Prefer not to say □	Buddhist □ Christian □ Hindu □ Jewish □
Any other religion or bel	ef, please state:
What is your current ware Full-time □ Part-	t <mark>orking pattern?</mark> time □ Prefer not to say □
Annualised hours □ J	rorking arrangement? ki-time
None Primary carer of disable Primary carer of disable	carer of a child/children (under 18) d child/children d adult (18 and over) er person carries out the main caring role)

Please return this form separately to your application marked 'strictly confidential' to the same person dealing with job applications as per the job advert.