

Please help us by filling in and returning this Equality and Diversity Monitoring Form.

We want to ensure the Forestry Commission is an open and welcoming place to visit and to volunteer with. We aim to be representative of the diverse communities we serve and to have a positive working culture which supports our volunteers to reach their potential. This means we want to encourage people from all sections of the community to apply to volunteer with us.

By filling in form you will help us judge how well we are doing and whether we need to change the way we engage with our volunteers. The information you provide will be treated in the strictest confidence and will not be used in conjunction with your application details about any decision. It will only be used by the Forestry Commission to produce statistical information about our volunteers. Thank you for taking the time to provide this information.

1. Ethnic Origin – what is your ethnic group?

A. White

British

Irish

Gypsy or Irish Traveller

Other white background (please specify) - _____

B. Mixed/multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Other mixed/multiple ethnic groups (please specify) _____

C. Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify) _____

D. Black/African/Caribbean/ Black British

African

Caribbean

Other Black/African/ Caribbean / Black British (please specify) _____

E. Other ethnic group

Arab

Other ethnic group (please specify) _____

F. I would prefer not to disclose my ethnic origin

2. Gender - what is your gender?

Female

I would prefer not to disclose my gender

Male

Document running title

3. Age – what is your age group?

Under 16	<input type="checkbox"/>	16 to 24	<input type="checkbox"/>
25 to 29	<input type="checkbox"/>	30 to 34	<input type="checkbox"/>
35 to 39	<input type="checkbox"/>	40 to 44	<input type="checkbox"/>
45 to 49	<input type="checkbox"/>	50 to 54	<input type="checkbox"/>
55 to 59	<input type="checkbox"/>	60 to 64	<input type="checkbox"/>
65 and over	<input type="checkbox"/>	I would prefer not to disclose my age	<input type="checkbox"/>

4. Disability – do you consider yourself as a disabled person? (disability legislation defines disability as any long-term (which have lasted, or are expected to last, at least 12 months) illness, health problem or disability which limits your daily activities or the work you can do.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I would prefer not to disclose my disability	<input type="checkbox"/>		

If yes, please tell us about your disability (tick all that apply):

Deafness or partial hearing loss	<input type="checkbox"/>	Blindness or partial sight loss	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>
Developmental disorder	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Long-term illness, disease or condition	<input type="checkbox"/>

Other (please specify)

Application reference no; for FC use: