# Bristol Women’s Voice Equality and Diversity Monitoring Form

Bristol Women’s Voicewants to make sure we are representing the diversity of women and girls across Bristol in addition to meeting the aims and commitments set out in our equality, diversity and inclusion policy.

This includes not discriminating under the Equality Act 2010 and building an accurate picture of the who is applying to work and volunteer with us so we can target our recruitment efforts in future to ensure we are representative of Bristol communities.

In this form we also ask about socio economic status because we are established to support socially and economically excluded women and so understanding if we are reaching women in lower socioeconomic backgrounds is important to us.

We ask all volunteers, staff, trustees and associates to fill in this form, but there is **no formal requirement to do so** should you prefer not to.

Information will be kept confidential and separate from your application.

Please return to director@bristolwomensvoice.org.uk

**What sex was recorded for you at birth?**

Female 🗆 Male 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here

**What gender do you most identify with now?**

Woman 🗆 Man 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆 55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What would you describe your ethnicity? …………………………………………………………………………………………….**

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here

**What is your sexual orientation?**

Straight/heterosexual 🗆 Lesbian/Gay 🗆 Bisexual 🗆

Prefer not to say 🗆

If you prefer to use your own term, please specify here:

**What, if any, is your religion or belief?** ……………………………………………

**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 🗆

**Do you struggle to pay the basic bills - e.g. food, gas and/or electricity?**

Yes, regularly 🗆 Sometimes 🗆 Occasionally 🗆 No 🗆

Prefer not to say 🗆

Other (or not sure) please click here to write your answer

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**Does lack of money hold you back from regularly taking part take part in common social activities when you want to (e.g. going out for a meal, going to the cinema, taking part in sports)**

Yes, regularly 🗆 Sometimes 🗆 Occasionally 🗆 No 🗆 Prefer not to say 🗆

Other, please click here to write ……………………………………….