

North West England District – Volunteer Expressions of Interest

Equality and Diversity Monitoring Form

Information for prospective volunteers

The new North West England District aims to have people working in it, in both paid and volunteer posts, that reflects the diversity of talent, abilities and skills in our communities. This means that in line with the Equality Act 2010, we will monitor the composition of our volunteers to ensure that it is representative and that all our volunteers are treated equally and fairly.

All information provided will be treated in confidence. The questionnaire will be used only to provide statistics for monitoring purposes. We have not included questions about religion, on the assumption that applicants will be sympathetic to the principles and purposes of the Christian faith and of the Methodist Church. (If this raises any question, please ask to clarify this with us.)

There is no obligation on you to provide information. All applicants for volunteer posts will be treated the same whether or not they provide this information. Thank you for your assistance.

The information you provide will be held in the strictest confidence and adhere to the provisions of the Data Protection Act 2018. The District is committed to protecting the privacy and security of your personal data.

For further information please refer to our Privacy Notice which can be viewed here: <https://www.tmcg.org.uk/about/data-protection/managing-trustees-privacy-notice> .

Name (optional):	
Volunteer Post applied for :	

Age
Please state your age (number of years):

Gender Identity			
What is your gender identity?			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non binary	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> I prefer to describe my gender in another way.			
<i>Please state your preferred self-description of your gender here:</i>			
Is your gender identity the same as assigned to you at birth?			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say			

Nationality

Country of origin/Nationality/Country you most associate yourself with.
I would describe my nationality as:

Sexual Orientation:

Which of the following options best describes your sexual orientation?

- | | | |
|--|---|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Gay woman/ lesbian | <input type="checkbox"/> If other, please specify: |

Ethnicity

I would describe myself as:

<i>Asian or Asian British</i>	<input type="checkbox"/>	Bangladeshi	<i>Black or Black British</i>	<input type="checkbox"/>	African
	<input type="checkbox"/>	Indian		<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Pakistani		<input type="checkbox"/>	Black British
	<input type="checkbox"/>	Chinese		Any other Black/African/ Caribbean background, please describe:	
	<input type="checkbox"/>	Any other Asian background, please describe:	<i>Mixed/ Multiple Ethnic Groups</i>	<input type="checkbox"/>	White & Asian
		<input type="checkbox"/>		White & Black African	
		<input type="checkbox"/>		White & Black Caribbean	
			Any other Mixed/ Multiple ethnic background, please describe:		
<i>White</i>	<input type="checkbox"/>	British	<i>Other ethnic group</i>	<input type="checkbox"/>	Arab
	<input type="checkbox"/>	Irish			
	<input type="checkbox"/>	Gypsy or Irish Traveller		Any other ethnic group, please describe:	
	Any other White background, please describe:				

Please tick this box if the category in which you would closely associate yourself is not given above, and optionally, also tell us how you would describe yourself:

Disability:

The Equality Act 2010 defines disability as *"a physical or mental impairment which has a substantial & long term effect on a person's ability to carry out normal day to day activities"*.

An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider that you have a disability under the Equality Act definition?

Yes* No Prefer not to say

***If Yes**, please indicate the nature of your disability below:-

Mobility/Manual Dexterity	<input type="checkbox"/>	Mental Health /	<input type="checkbox"/>
Long-term medical condition or illness	<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>		
<input type="checkbox"/> Please tick this box if the category in which you would closely associate yourself is not given above, and optionally also tell us how you would describe yourself:			

***If Yes**, please advise of any reasonable adjustments you require for the purposes of the recruitment exercise:

Thank you for assisting us by completing the Questionnaire

Please return if possible by email to nwedcommunication@outlook.com or by post to Transforming Churches and Communities, Unit 16, Wesley Centre, Royce Road, Hulme, Manchester, M15 5BP by 16.2.24.

Last Date Modified: 10 January 2024