**MONITORING EQUALITY AND DIVERSITY**

The Deputy Mayor and Chief Constable work hard to ensure that our team of volunteers are demographically representative of greater Manchester and the communities we serve. This form will assist us in monitoring the diversity of our volunteers.

You do not have to complete this form, but it will assist us to offer better services. The information you provide will only be used to check what we do. We will always follow the laws that protect against its misuse.

**GENDER**

Male Female Non-Binary Prefer not to say

x

I describe my gender in a different way (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your gender identity the same as the gender you were assigned at birth?

Yes No Prefer not to say

**ETHNIC ORIGIN**

White British

Irish

Other White European

Other White (please state)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed White and Black Caribbean

White and Black African

White and Asian

Other Mixed (please state)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian or Asian British Indian

Pakistani

Bangladeshi

Other Asian (please state)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black or Black British Caribbean

African

British

Other Black (please state)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other ethnic group (please state)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unknown

Prefer not to say

**RELIGION / BELIEF**

Buddhist Muslim Christian Zoroastrian

Hindu Jain Jewish Sikh

No Religion Prefer not to say

Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ORIENTATION**

Heterosexual/Straight Gay Woman/Lesbian Gay Man

Bisexual Other Prefer not to say

I describe my sexuality in a different way (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE**

Under 18 18 - 24 25 - 34 35 - 44

45 - 54 55 - 64 65 - 74 75+

**DISABILITY**

Do you consider yourself to be disabled?

Yes No Prefer not to say

If you answered yes, how would you describe your disability?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_