Global Witness Equality and Diversity Monitoring Form

*Why am I asked to complete this form?*

Global Witness wants to meet the aims and commitments set out in its equality and diversity strategy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

In completing this form you are helping us to monitor and gather diversity information regarding applications received.

*Do I need to complete this form?*

No, this form is not obligatory and will not affect any application you make to Global Witness.

*What information do you need?*

This monitoring form is anonymous and detached from your application, so the questions below are all we need.

*What happens to my data?*

The information you provide will stay confidential and be stored securely and limited to only the Human Resources team within Global Witness.

The Data Protection law and current legislation gives rights to individuals in respect of personal data held about them by others; and as directed by the Act, you should know the following:

Global Witness is the Data Controller and is registered with the Information Commissioner for the purposes of the Data Protection Act 1998 (DPA).

*What do I do once I complete this form?*

Please return this form as a separate attachment to your application. **Please do not attach it to your CV or covering letter**.

Please return this form to:[recruitmentcampaigns@globalwitness.org](mailto:recruitmentcampaigns@globalwitness.org).

Thank you.

**Gender**

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

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

**Are you married or in a civil partnership?**

Yes 🗆 No 🗆 Prefer not to say 🗆

**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 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 write in: \_\_\_\_\_\_\_\_\_\_

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in: \_\_\_\_\_\_\_\_\_\_

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in: \_\_\_\_\_\_\_\_\_\_

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in: \_\_\_\_\_\_\_\_\_\_

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in: \_\_\_\_\_\_\_\_\_\_

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

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: \_\_\_\_\_\_\_\_\_\_

*Note: The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with Human Resources, or the manager running the recruitment process if you are a job applicant.*

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆

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

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in: \_\_\_\_\_\_\_\_\_\_

**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 🗆

*Thank you for completing this form.*