

Diversity, Equality and Inclusion Monitoring Form (Trustees)

The Community Foundation for NI wants to meet the aims and commitments set out in its Diversity, Equality and Inclusion Policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce and Board of Trustees, in encouraging diversity, equality and inclusion.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form to rwood@communityfoundationni.org

| | | | | | | |
|---------------------------------------------------------|-------|-------|-------------------|------------|-------------------|-------|
| Gender | Man | Woman | Intersex | Non-binary | Prefer not to say | |
| If you prefer to use your own term, please specify here | | | | | | |
| <hr/> | | | | | | |
| Are you married or in a civil partnership? | Yes | No | Prefer not to say | | | |
| <hr/> | | | | | | |
| Age | 16-24 | 25-29 | 30-34 | 35-39 | 44 - 40 | 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 state:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please state:

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 as a Trustee? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need any reasonable adjustments to fulfil the voluntary role of Trustee, then please discuss this with the Chief Executive or Chair.

What is your sexual orientation?

Heterosexual Gay Lesbian 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 state:

What is your current working pattern?

Full-time Part-time Prefer not to say

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

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