

Paddle UK Equality Monitoring Form Inclusion Advisory Group

This form seeks information on the following characteristics: age, disability, ethnicity, gender, gender identity, marriage and civil partnership, religion and sexual orientation. All information will be stored securely in regards to your application to or membership on the Inclusion Advisory Group, and will remain confidential. The information will be used solely for the purpose of monitoring the impact of this initiative. It does not form part of your application and will not be used as part of any recruitment and selection process.

Paddle UK recognises and actively promotes the benefits of a diverse voluntary workforce and is committed to treating all employees with dignity and respect regardless of ethnicity, gender, gender reassignment, maternity status, disability, age, sexual orientation, religion or belief, marital status. We welcome applications from all sections of the community.

| Age: Please select your age group: |
|---|
| □ 17-24 |
| ☐ 25-34 |
| □ 35-44 |
| ☐ 45-54 |
| □ 55-64 |
| ☐ 65-74 |
| □ 75+ |
| ☐ Prefer not to say |
| Disability |
| a) Do you consider yourself to have a disability? |
| Disability is defined in the Equality Act 2010 as "a person has a disability if [they have] a |
| physical or mental impairment which has a substantial and long-term adverse effect on theil ability to carry out normal day-to-day activities." For example this can include diabetes, |
| epilepsy, learning difficulties, hearing, speech, or visual impairments, physical impairment, |
| arthritis and heart problems. |
| ☐ Yes |
| □ No |
| ☐ Prefer not to say |
| b) Are you affected by any of the following? |
| ☐ Hearing Impairment, Deafness or hard of hearing |
| ☐ Learning Disability or concentrating or remembering |
| ☐ Visual Impairment or Blindness |
| ☐ Mental Health problems |
| ☐ Physical Impairment (wheelchair user, mobility issues, amputee, dwarfism) |
| ☐ Social or behavioural issues, for example, due to neurological diverse conditions |
| such as Autism, Attention Deficit or Aspersers' Syndrome |
| |

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| Some other condition that impacts my ability to complete day to day tasks (Including issues with stamina, breathing difficulty, difficulty speaking or making yourself |
|--|
| understood, dexterity difficulties, long term pain) |
| Other condition (please self-describe): |
| □ None of these |
| ☐ Prefer not to say |
| Ethnicity: I would describe my ethnic group as: |
| Asian or Asian British: Any other Asian background |
| ☐ Asian or Asian British:Bangladeshi |
| ☐ Asian or Asian British:Indian |
| ☐ Asian or Asian British:Pakistani |
| ☐ Black or Black British: African |
| ☐ Black or Black British: Any other Black background |
| ☐ Black or Black British: Caribbean |
| ☐ Chinese |
| ☐ Mixed background:White and Asian |
| ☐ Mixed background:White and Black African |
| ☐ Mixed background:White and Black Caribbean |
| ☐ Mixed background:Other mixed background |
| Other ethnic group (please self-describe): |
| ☐ White: British |
| ☐ White: Irish |
| ☐ White: Any other white background |
| ☐ Prefer not to say |
| |
| Gender: Please select the option which best describes yourself. I am (a): |
| ☐ Man (including trans man) |
| ☐ Non-binary |
| ☐ Woman (including trans woman) |
| ☐ In another way |
| ☐ Prefer not to say |
| Gender identity: Is your gender identity the same as that recorded at birth?: |
| ☐ Yes |
| □ No |
| ☐ Prefer not to say |
| - Freier not to say |
| Marriage and civil partnership: Are you presently: |
| ☐ Cohabiting |
| ☐ In a Civil Partnership |
| ☐ Married |
| ☐ Single |
| □ Widowed |

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| ☐ Other (please self-describe): |
|--|
| ☐ Prefer not to say |
| Religion: How would you describe your religion or belief? |
| ☐ Agnostic |
| ☐ Atheist |
| ☐ Buddhist |
| ☐ Christian |
| ☐ Hindu |
| ☐ Jewish |
| ☐ Muslim |
| ☐ Sikh |
| ☐ In another way (please self-describe): |
| ☐ Prefer not to say |
| |
| Sexual orientation: How would you describe your sexuality? I am: |
| ☐ A gay man |
| ☐ A gay woman or lesbian |
| ☐ Bisexual |
| ☐ Heterosexual or straight |
| ☐ In another way (please self-describe): |
| ☐ Prefer not to say |

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