

Fleetwood Town Community Trust wants to meet the aims and commitments set out in its equality policy. 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.

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 with your application.

Gender Man Woman Intersex Non-binary Prefer not to say
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 1
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 Irish Any other white background, please write in:
<i>Mixed/multiple ethnic groups</i> 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:
<i>Other ethnic group</i> Arab Prefer not to say Any other ethnic group, please write in:
 € 01253 208442 ▶ www.fleetwoodtownfcct.com

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FleetwoodTownCommunityTrust

@FTFCCommunity

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:
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. What is your sexual orientation? Heterosexual Gay Lesbian Bisexual Prefer not to say I fyou 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
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 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