

Monitoring Form Northern Visions

To ensure that we meet our diversity/equal opportunity commitment and so that we can benchmark our organisation against national statistics we ask you to complete the following information. The categories we use are those used in the National Census and recommended by the Commission for Racial Equality and Stonewall. The information can only be used for anonymous statistical monitoring and evaluation purposes and will be held securely, authorised only by the Programmes Director at Northern Visions. Should you have any queries or concerns about this information please contact us.

Completing the form is voluntary but your participation will help us improve our policies and practices. This information is not part of any selection process and will be separated from your application. It will only be used for anonymous monitoring and research purposes, and you will never be identified personally.

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Gender Identity Do you identify yourself as trans-gender? Yes No Prefer not to say Do you identify yourself as: Male Female	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </tbody> </table>			Yes		No		Yes				Yes		Yes	
Yes															
No															
Yes															
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Ethnic Origins Asian / Asian British Indian Pakistani Bangladeshi Other _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td style="width: 50px; height: 20px;">Yes</td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </tbody> </table>	Yes		Yes		Yes		Yes		Yes					
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Yes															
Black / Black British Caribbean African Other _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td style="width: 50px; height: 20px;">Yes</td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </tbody> </table>	Yes		Yes		Yes		Yes							
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Middle / Near Eastern	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td style="width: 50px; height: 20px;">Yes</td><td style="width: 30px; height: 20px;"></td></tr> </tbody> </table>	Yes													
Yes															
Mixed Ethnic Group White & Caribbean White & Asian White & Black African Other _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr><td style="width: 50px; height: 20px;">Yes</td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </tbody> </table>	Yes		Yes		Yes		Yes		Yes					
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White British Irish Other _____	<table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </table>	Yes		Yes		Yes		Yes									
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Chinese Chinese Other _____	<table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </table>	Yes		Yes													
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Yes																	
Other (please specify) _____	<table border="1"> <tr><td>Yes</td><td></td></tr> </table>	Yes															
Yes																	
Please indicate below your religious affiliation, or the religious group to which you may be perceived to belong.																	
I am a member of the Protestant community	<table border="1"> <tr><td>Yes</td><td></td></tr> </table>	Yes															
Yes																	
I am a member of the Roman Catholic community	<table border="1"> <tr><td>Yes</td><td></td></tr> </table>	Yes															
Yes																	
<i>I am a member of neither the Protestant nor the Roman Catholic community.</i>	<table border="1"> <tr><td>Yes</td><td></td></tr> </table>	Yes															
Yes																	
Buddhist Hindu Jewish Muslim Sikh None Other Prefer not to say	<table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </table>	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
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Sexual Orientation: Bisexual Gay/Lesbian/Homosexual Heterosexual Prefer not to say	<table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> <tr><td>Yes</td><td></td></tr> </table>	Yes		Yes		Yes											
Yes																	
Yes																	
Yes																	
Disability: Do you consider yourself to have a disability? Disability is defined as a 'physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.' A long-term effect is one, which has lasted or is likely to last at least 12 months or the rest of your life.	<table border="1"> <tr><td>Yes</td><td></td></tr> </table>	Yes															
Yes																	

Thank you for completing this form.