

Social Workers Benevolent Trust

Equality and Diversity Monitoring Form

We hope that you will help us by completing this form but please be aware that completing the form is entirely voluntary. Whether or not you choose to complete it will not affect whether you get a grant. The form is for monitoring and statistical purposes only.

Although you are not required to fill in this form, we would like to encourage you to do so to enable us to undertake robust analysis to ensure our processes are fair.

When completing this form bear in mind that the detail below should relate to the applicant.

Please complete the form by ticking the appropriate boxes below and return with your Application Form. Thank you.

Region/Country where you live: East England, Greater London, North East England, North West England inc. I of M, Midlands, South East England, South West England inc. Channel Islands, N. Ireland, Scotland, Wales,

Gender: Female, Male, Transgender, Prefer not to say

Sexual Orientation: Bisexual, Gay man, Gay woman/lesbian, Heterosexual, Other, Prefer not to say

Age: Under 30, 30-39, 40-49, 50-59, 60-69, 70+, Prefer not to say

Are you a member of: Unison, SWU, BASW, Other-Please specify:.....

Employment Status: Employed-Statutory Agency, Independent, Locum, Not in employment, Retired, Unemployed, Voluntary Organisation, Other Please specify:.....

Ethnic Background (Which category best reflects your ethnicity?)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

White

- English
- Irish
- Scottish
- Welsh
- Any other White background

Any other Ethnic Categories:

- Please specify [.....],
- Prefer not to say

Disability (Tick any that are applicable)

- Blind/Sight impaired
- Deaf/hearing impaired
- In need of personal support and care
- Mental Health difficulties
- Physical impairment
- Other-please briefly specify

Do you have caring responsibilities? (Tick if applicable)

- Primary carer of a child/children (under18)
- Primary carer of disabled adult (18 and over)
- Primary carer of a disabled child/children
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say

How did you find out about SWBT?

- BASW website/ PSW magazine Article or advert/ BASW Event-please specify [.....]
- Other Organisation-please specify [.....]
- Search Engine/ Social media-please specify [.....]
- Word of mouth/Colleague
- Other-please specify [.....]