

Equal opportunities form

Please complete ALL sections of this form carefully.



The Stroke Association operates an Equal Opportunities Policy. To help us to monitor this, we'd be grateful if you provide the following information. If you are unwilling to do so, it will not affect your application to become a volunteer. All information will be treated in strict confidence.

Country: _____

Region: _____

Gender

(For monitoring and statistical purposes only, please state your gender)

Male Female

Age

under 18 19-30 31-45 46-60 61-75 76 over

Ethnicity

(For monitoring and statistical purposes only, please state your ethnicity)

- | | |
|---|---|
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British – Indian Asian or Asian | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> British – Pakistani | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Asian or Asian British – | <input type="checkbox"/> Mixed – Any other mixed background |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> White – Any other White background |
| <input type="checkbox"/> Black or Black British – | <input type="checkbox"/> Not known/prefer not to say |
| <input type="checkbox"/> Any other Black background | |
| <input type="checkbox"/> Any other: _____ | |

Sexual orientation

(For monitoring and statistical purposes only, please state your sexual orientation)

Bisexual Gay Heterosexual Lesbian Prefer not to say

Disability

The Equalities Act 2010 defines a person with a disability as 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'.

Do you consider yourself to have a disability? Yes No

If yes, please specify below: _____

Where did you hear about us?

- Stroke Association website
- University or college
- Life After Stroke Services/Groups
- Facebook/Twitter
- Search engine
- Hospital
- Stroke publication (please specify): _____

- Member of staff
- Volunteer agency
- Other volunteer
- Fundraising event
- Other (please specify): _____

All information supplied will be treated in the strictest confidence and, where stated, information will be used for monitoring and statistical purposes only.

Thank you for taking the time to complete this form.

Please return by email to volunteering@stroke.org.uk

Find out more about stroke, what we do and how you can help:
stroke.org.uk or call our Stroke Helpline: **0303 3033 100**

Follow us on:

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