

VOLUNTEER MENTOR
 EQUAL OPPORTUNITIES QUESTIONNAIRE

Name:

Date:

Lincolnshire Action Trust is working towards equality of opportunity and welcomes applications from all sections of the community.

We want to find out whether our Equal Opportunities Policy is working and to take steps to ensure that further progress is made to achieve equal opportunities. To do this, we need to know about the race or ethnic origin, age and health of people who apply for voluntary work with LAT.

Your answers will be treated confidentially and will not affect your application in any way.

1. **GENDER** Male Female
2. **AGE** Years
3. **MARITAL STATUS** Married Unmarried
4. **DISABILITY**

The Disability Discrimination Act 1995 has defined disability as follows:-

"A physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities".

Under these terms do you consider yourself to have a disability? Yes No

This will not have a detrimental effect on your application, but will allow us to comply with commitment to the Positive About Disabled People symbol.

- | | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| 5. I AM WHITE | <input type="checkbox"/> | I AM BLACK | <input type="checkbox"/> |
| I AM ASIAN | <input type="checkbox"/> | Of African origin | <input type="checkbox"/> |
| Of Bangladeshi origin | <input type="checkbox"/> | Of Caribbean origin | <input type="checkbox"/> |
| Of Chinese origin | <input type="checkbox"/> | Of other origin (please describe) | |
| Of East African origin | <input type="checkbox"/> | | |
| Of Indian origin | <input type="checkbox"/> | | |
| Of Pakistani origin | <input type="checkbox"/> | | |
| Of other origin (please describe) | | | |

I BELONG TO ANOTHER GROUP..... (Please describe)

6. **CONVICTIONS**

Have you ever been convicted of a criminal offence within the terms of the Rehabilitation Act 1974?

Yes No

7. **WHERE DID YOU HEAR ABOUT VOLUNTEERING?**

- Press Advertisement Job Centre Internal Internet
 Volunteer Bureau Word of mouth University of Lincoln
 Other (please specify)

Thank you for your assistance. Please enclose your completed form with your application.