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| **Equality Form** |

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**British Triathlon Federation assures you that any information you provide here will only be used to monitor the effectiveness of our policies and we will take steps to ensure this information remains confidential to a limited number of staff in our HR directorate.**

**This sheet will be separated from your application form upon receipt and does not form part of the selection process.**

|  |  |
| --- | --- |
| Application for the post of: |  |

|  |
| --- |
| **Ethnicity** |

How would you describe yourself?

|  |  |  |
| --- | --- | --- |
| **A. White** | |  |
|  | White UK |  |
|  | Irish |  |
|  | White non-UK |  |
|  | Any other White background |  |
|  | (please give details): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **D. Black or Black British** | |  | |  | Black Caribbean |  | |  | Black African |  | |  | Any other Black background |  | |  | (please give details): |  | |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **B. Mixed** | |  |
|  | White & Black Caribbean |  |
|  | White & Black African |  |
|  | White & Asian |  |
|  | Any other Mixed background |  |
|  | (please give details): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **E. Chinese or other ethnic group** | |  | |  | Chinese |  | |  | Vietnamese |  | |  | Any other ethnic background |  | |  | (please give details): |  | |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **C. Asian or Asian British** | |  |
|  | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Any other Asian background |  |
|  | (please give details): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **F. I do not wish to provide this information** | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **Sex & Gender Identity** |

Would you describe yourself as;

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Non-binary |  | Prefer not to say |  |
| Please tick here if your gender is different from the sex you were assigned at birth | | | | | | |  |
| Prefer not to say | | | | | | |  |

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| **Age Group** |

(Please tick the box which fits your age category)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | Over 65 |  |

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| **Disability** |

Disability is defined as “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”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability or long-term health condition? | Yes |  | No |  |
|  | Prefer not to say | | |  |

If yes, please give details:

|  |
| --- |
|  |

|  |
| --- |
| **Sexual Orientation** |

What is your sexual orientation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bisexual |  | Gay man |  | Gay woman/Lesbian |  |
| Heterosexual/Straight |  | Other |  | Prefer not to say |  |

|  |
| --- |
| **Religion and Belief** |

Please tick the box that best describes you:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Christian |  | Hindu |  | Jew |  |
| Muslim |  | Sikh |  | No religion |  | Prefer not to say |  |

Other religion or belief (please state)

|  |
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|  |