



Building boats, crews and communities

Equal Opportunities Form

This form is used to gather data about Re-Union volunteers. It will be detached from your application form and will therefore be anonymous.

The data collected will be used to monitor the diversity of our volunteers and allow us to indicate to our funders that we are meeting their requirements.

What is your postcode?.....

Are you:

- a full-time student
- a part-time student
- employed full-time
- employed part-time
- unemployed
- a full-time parent or carer
- retired
- other

Are you:

- Male
- Female

How old are you?

- under 16
- 17-25
- 26-64
- 65+

Ethnic background (please tick one box):

(Categories as recommended by the Commission for Racial Equality)

- | | |
|---|--|
| <p>White:</p> <ul style="list-style-type: none"> <input type="checkbox"/> British English <input type="checkbox"/> British Scottish <input type="checkbox"/> British Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other, please write in:
_____ | <ul style="list-style-type: none"> <input type="checkbox"/> White and Black Caribbean |
| | <p>Mixed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White and Black African <input type="checkbox"/> White and _____ <input type="checkbox"/> Other, please write in:
_____ |

- | | |
|--|---|
| <p>Asian or Asian British:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other, please write in:
_____ | <p>Black or Black British:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other, please write in:
_____ |
|--|---|

- | | |
|---|--|
| <p>Chinese or Chinese British:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chinese <input type="checkbox"/> Other, please write in:
_____ | <p>Other: Please write in:
_____</p> |
|---|--|

Disability

The Disability Discrimination Act states that a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be a disabled person? Yes No

Thank you for completing this form.