

Raw Material wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

| Please return the completed form to [add details]. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender Man □ Woman □ Intersex □ Non-binary □ Prefer not to say □ If you prefer to use your own term, please specify here |
| Are you married or in a civil partnership? Yes \square No \square Prefer not to say \square |
| Age 16-24 □ 25-29 □ 30-34 □ 35-39 □ 40-44 □ 45-49 □ 50-54 □ 55-59 □ 60-64 □ 65+ □ Prefer not to say □ |
| What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box |
| White English □ Welsh □ Scottish □ Northern Irish □ Irish □ British □ Gypsy or Irish Traveller □ Prefer not to say □ Any other white background, please write in: |
| Mixed/multiple ethnic groups White and Black Caribbean \square White and Black African \square White and Asian \square Prefer not to say \square Any other mixed background, please write in: |
| Asian/Asian British Indian □ Pakistani □ Bangladeshi □ Chinese □ Prefer not to say □ Any other Asian background, please write in: |
| Black/ African/ Caribbean/ Black British African □ Caribbean □ Prefer not to say □ Any other Black/African/Caribbean background, please write in: |
| Other ethnic group Arab Prefer not to say Any other ethnic group, please write in: |

| Do you consider yourself to have a disability or health condition? Yes \square No \square Prefer not to say \square |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: |
| The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |
| What is your sexual orientation? |
| Heterosexual \square Gay \square Lesbian \square Bisexual \square |
| Prefer not to say \square If you prefer to use your own term, please specify |
| here |
| What is your religion or belief? |
| No religion or belief \square Buddhist \square Christian \square Hindu \square Jewish \square |
| Muslim \square Sikh \square Prefer not to say \square If other religion or belief, please write in: |
| What is your current working pattern? |
| , |
| Full-time Part-time Prefer not to say |
| • |
| Full-time Part-time Prefer not to say |
| Full-time Part-time Prefer not to say What is your flexible working arrangement? |
| Full-time |
| Full-time |
| Full-time □ Part-time □ Prefer not to say □ What is your flexible working arrangement? None □ Flexi-time □ Staggered hours □ Term-time hours □ Annualised hours □ Job-share □ Flexible shifts □ Compressed hours □ Homeworking □ Prefer not to say □ If other, please write in: |
| What is your flexible working arrangement? None |
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