



Diversity & Equal Opportunities Monitoring Form

Berkshire Counselling Centre (BCC) aims to be an inclusive organization where everyone is treated with respect, dignity and where as far as is possible there is equal opportunity for all. BCC respects and values the diversity of its staff and those who use its services. We will actively tackle barriers to participation.

In the recruitment, training, pay and management of staff and in all our day-to-day work with both colleagues and users, we seek to create an environment where attitudes and biases that hinder the progress of individuals and groups are dismantled and where we work together in mutual respect and tolerance.

Please help us to achieve our aim by completing the following questions. This form will be detached from any application and will in no way form part of the decision making process for any of our services. The information will be treated in the strictest confidence and will help us monitor the diversity of the applications we receive and enable us to develop appropriate policies and procedures regarding Diversity and Equal Opportunities issues.

1. Date of Birth 	2. Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>	3. Marital Status Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
--------------------------------------	--	---

4. Disability

The Disability Discrimination Act (2005) defines a person as disabled if they have a physical or mental impairment which 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 covered by the Disability Discrimination Act? Yes No

Nationality and Ethnic Origin

Which groups do you most identify with? Please tick one box in Column A and one box in Column B (the options are listed alphabetically).

Column A	Column B
(A) British or Mixed British: <input type="checkbox"/> (B) English: <input type="checkbox"/> (C) Irish: <input type="checkbox"/> (D) Scottish: <input type="checkbox"/> (E) Welsh: <input type="checkbox"/> (F) Other (specify if you wish): <input type="checkbox"/>	ASIAN (A) Bangladeshi: <input type="checkbox"/> (B) Indian: <input type="checkbox"/> (C) Pakistani: <input type="checkbox"/> (D) Any other Asian Background: <input type="checkbox"/> (specify if you wish)
	BLACK (E) African <input type="checkbox"/> (F) Caribbean <input type="checkbox"/> (G) Any other Black background <input type="checkbox"/> (specify if you wish)
	CHINESE (H) Any Chinese background <input type="checkbox"/> (specify if you wish)
	MIXED ETHNIC BACKGROUND (I) Asian and White <input type="checkbox"/> (J) Black African and White <input type="checkbox"/> (K) Black Caribbean and White <input type="checkbox"/> (L) Any other Mixed background <input type="checkbox"/> (specify if you wish)
	WHITE (M) Any White background <input type="checkbox"/> (specify if you wish)
	ANY OTHER ETHNIC BACKGROUND (N) Any other ethnic background <input type="checkbox"/> (specify if you wish)

THANK YOU FOR COMPLETING THIS FORM