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**Equality and Diversity Monitoring Form**

**Business Ownership**

To help us to monitor our effectiveness in providing fair and equitable access for all to our services, we are seeking to gather information on the diversity of service recipients. The information provided by you will be used by us for equal opportunity monitoring purposes only.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Company Name** | **Date** | **Unity Ref (internal use** | | Gloucestershire Wildlife Trust | 01/10/2013 |  | |

To enable us to monitor access to our services by businesses that are in a designated disadvantaged area, please can you provide us with details of your business location.

**Postcode: \_\_\_\_\_\_GL4 6SX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer Not to Say \_\_\_\_\_\_**

To enable us to monitor access to our services by businesses that are owned or majority led by women, please can you tell us **the numbers** of men and/or women on your board (if the business does not have a board, please specify the gender of the Owner(s)).

**Number of Male:\_\_\_\_\_9\_\_\_ Number of Female:\_\_\_2\_\_\_\_\_\_ Prefer Not to Say \_\_\_\_\_\_**

To enable us to monitor access to our services by businesses that are owned or led by someone who has a long term health problem, please can you tell us if any **board member(s)** have a physical or mental impairment that has a substantial and long term effect on their ability to carry out normal day-to-day activities (if the business does not have a board, please provide this information for the Owner(s)).

**Number with a long term health problem:\_\_\_0\_\_\_\_\_\_ Prefer Not to Say \_\_\_\_\_\_**

To enable us to monitor access to our services by businesses that are owned or led by individuals from minority ethnic groups, please can you tell us the ethnic background of **each board member** (if the business does not have a board, please provide this information for the Owner(s)).

**White \_\_\_\_11\_\_ Mixed \_\_\_\_\_\_**  **Asian \_\_\_\_\_\_**

**Black \_\_\_\_\_\_ Chinese \_\_\_\_\_\_ Other \_\_\_\_\_\_**

**Prefer Not to Say \_\_\_\_\_\_**

To enable us to monitor access to our services by businesses that are owned or led by individuals from younger and older age groups, please can you tell us the age group of **each board member** (if the business does not have a board, please provide this information for the Owner(s)).

**< 16 \_\_\_\_\_\_ 16-24 \_\_\_\_\_\_ 25-49 \_\_2\_\_\_\_ 50-64 \_\_\_7\_\_\_ > 65 \_\_2\_\_\_\_**

**Prefer Not to Say \_\_\_\_\_\_**

**NB:** This information should be provided with the consent of the individuals to whom it relates.