

Office use only:



## Equality and Diversity monitoring for Nominees

The Butler Trust is committed to promoting diversity and equal opportunities within its Award Scheme. To help us with this would be grateful if you could complete and return this form. The information you have supplied will be kept confidentially and will only be used to provide an overall profile analysis of our nominees and our Award Winners and Commendees.

The information you provide here will be kept separate from your nomination materials and will NOT be used in judging your nomination.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

**Your name:**

**Your workplace** (eg HMP Wandsworth, Leics Probation):

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Please send this form to us directly at **the Butler Trust office:**

The Butler Trust, Howard House, 2 The Arcade, 32-34 High St, Croydon CR0 1YB

### A. Your position [please tick one]

Frontline custodial staff (eg prison officer, senior officer)	
Front line probation / CJSW / youth justice worker (eg probation officer / SPO)	
Front line specialist staff (eg nurse, teacher, psychologist)	
Senior manager	
Volunteer	
Other (please specify)	

### B. Your length of service

How long have you worked in with offenders? [please tick one]

Less than 5 yrs	5-9 yrs	10-19 yrs	20+ yrs
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### C. Your age

Under 30	
30 - 44	
45 - 59	
60+	

### D. Your disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability according to the terms given in the DDA?**

Yes	
No	

If you have answered yes, please indicate the type of impairment which applies to you (by ticking next to it on the following page).

People may experience more than one type of impairment, in which case tick all the types that apply. If your disability does not fit any of these types, please mark Other.

Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches	
Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.	
Mental health condition, such as depression or schizophrenia.	
Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury).	
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.	
Other, such as disfigurement (specify if you wish)	

### **E. Your ethnic group**

(These are based on the Census 2001 categories, and are listed alphabetically)

#### **Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh**

Bangladeshi	
Indian	
Pakistani	
Any other Asian background (specify if you wish)	

#### **Black, Black British, Black English, Black Scottish, or Black Welsh**

African	
Caribbean	
Any other Black background (specify if you wish)	

#### **Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group**

Chinese	
Any other ethnic background (specify if you wish)	

#### **Mixed**

White and Asian	
White and Black African	
White and Black Caribbean	
White and Chinese	
Any other Mixed background (specify if you wish)	

#### **White**

British	
English	
Irish	
Scottish	
Welsh	
Any other White background (specify if you wish)	

## F. Your gender

Male	
Female	
Prefer not to say	

## Have you ever identified as transgender?

For the purpose of this question “transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

Yes	
No	
Prefer not to say	

## G. Your religion or belief

Which group below do you most identify with?

No religion	
Baha'i	
Buddhist	
Christian	
Hindu	
Jain	
Jewish	
Muslim	
Sikh	
Any other religion or belief (specify if you wish)	

## H. Your sexual orientation

Bisexual	
Gay man	
Gay woman / lesbian	
Heterosexual / straight	
Other (specify if you wish)	