****

|  |  |
| --- | --- |
| **Learning to Advise Training Course** | |
|  | |
| APPLICATION FORM | |
| **Please return the completed application form BY EMAIL to**  [**jo@island-advice.org.uk**](mailto:jo@island-advice.org.uk) | |
|  | |
| **Personal Details and Current Circumstances** | |
| Name |  |
| Address  Include your **full** Post Code |  |
| Mobile |  |
| Email |  |
| Do you speak any second languages; which ones |  |
| Where are you working or volunteering? |  |
| Does your role include giving advice and guidance to clients? |  |
| If not are you looking for a volunteering role?  We can help you find a suitable agency you would need to be available one day per week |  |

**Equalities monitoring form**

The following form sets out protected characteristics under the Equality Act 2010. Any information you provide will only be used for monitoring purposes and remains confidential It can be sent separately and anonymously if you want

**Equality Monitoring Questions**

1. **How old are you?**0-15

16-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

Prefer not to say

1. **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

Yes

No

Prefer not to say

Please state the type of health problem or disability that applies to you?

*(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark ‘Prefer to self-describe’ and specify the type of health problem or disability.)*

|  |  |
| --- | --- |
| Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment) | No |
| Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms) | No |
| Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury) | No |
| Mental health condition, (such as depression or schizophrenia) | No |
| Long-standing illness or health condition (such as cancer, HIV,  diabetes, chronic heart disease, or epilepsy) | No |
| Prefer to self-describe (please specify): | No |
| Prefer not to say |  |

1. **Which best describes your gender?**Female

Male

Prefer not to say

Prefer to self-describe (please specify):

1. **Is your gender identity the same as the sex you were assigned at birth?**Yes

No

Prefer not to say

1. **Which of the following describes your sex?**

Man

Woman

Intersex

Prefer not to say

Prefer to self-describe (please specify):

1. **Are you legally married or in a civil partnership?**

Yes

No

Prefer not to say

1. **Which best describes your current marital, civil partnership or cohabitation status?**

Single (never married or never registered a civil partnership)

Married

In a registered civil partnership

Separated, but still legally married

Separated, but still in a registered civil partnership

Divorced

Formerly in a registered civil partnership which is now dissolved

Widowed

Surviving partner from a registered civil partnership

Cohabitating with a partner

Prefer not to say

1. **Are you currently pregnant or did you give birth in the last twelve months?**

The Equality Act (2010) protects individuals who are currently pregnant and up to 26 weeks of their maternity. The Act provides further protection for individuals beyond the 26 week period (such as breastfeeding mothers).

Yes

No

Prefer not to say

1. **How would you describe your ethnic group?  
     
   White:**

British

Irish

Traveller of Irish heritage

Gypsy / Roma

Any other White background

**Mixed:**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

**Asian / Asian British:**

Indian

Pakistani

Bangladeshi

Any other Asian background

**Black / Black British:**

Somali

Other African

Caribbean

Any other Black background

**Other ethnic group:**

Chinese

Vietnamese

Any other background

Prefer not to say

1. **What is your religion or belief?**No religion or belief

Agnostic

Muslim

Christian

Jewish

Buddhist

Sikh

Hindu

Humanist

Prefer not to say

Prefer to self-describe (please specify):

1. **Which of the following describes your sexual orientation?**Gay man

Gay woman/lesbian

Bisexual (attracted to men and women)

Heterosexual/straight

Prefer not to say

Prefer to self-describe (please specify):

1. **Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)**

Yes

No

Prefer not to say

## How did you hear about the THCAN volunteering

☐ Word of mouth, friend, relative

☐ Promoted within university

☐ Newspaper advert

☐ Law works

☐ Just-Do-It volunteering website

☐ Promotional event

☐ Social media

☐ Other please specify