



Postal Address;
 Preston North End FC Training Ground
 Euxton Lane
 Euxton
 Chorley
 PR7 6FA

PNE-1141 – Academy Player Care Manager

EQUAL OPPORTUNITIES AND MONITORING FORM

AGE Which age category are you in?	16 - 25 <input type="checkbox"/>	56 – 65 <input type="checkbox"/>
	26 - 35 <input type="checkbox"/>	66 or over <input type="checkbox"/>
	36 - 45 <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	46 - 55 <input type="checkbox"/>	
SEX Which statement best describes you?	I am a man <input type="checkbox"/>	I am a woman <input type="checkbox"/>
	I Identify in another way/prefer to self-describe <input type="checkbox"/>	
	Prefer not to say <input type="checkbox"/>	
SEX Is the gender you identify with the same as your sex registered at birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	
SEXUAL ORIENTATION Which statement best describes you?	Bisexual	<input type="checkbox"/>
	Gay/Lesbian	<input type="checkbox"/>
	Heterosexual /Straight	<input type="checkbox"/>
	I Identify another way/prefer to self-describe	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>
TRANS STATUS Do you Identify as Trans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	
Marriage / Civil Partnership	Married / Civil Partnership <input type="checkbox"/>	Neither <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	

<p>Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	
<p>DISABILITY</p> <p>Do you have any physical health conditions or illnesses lasting or expected to last 12 months or more?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	
<p>If the answer to the above question is yes, please specify;</p>	<p>Hearing Impairment</p>	<p><input type="checkbox"/></p>
	<p>Visual Impairment</p>	<p><input type="checkbox"/></p>
	<p>Physical Impairment – ambulant</p>	<p><input type="checkbox"/></p>
	<p>Physical Impairment – Wheelchair user</p>	<p><input type="checkbox"/></p>
	<p>Learning Impairment – disability</p>	<p><input type="checkbox"/></p>
	<p>Learning Difficulty</p>	<p><input type="checkbox"/></p>
	<p>Social Communication Impairment</p>	<p><input type="checkbox"/></p>
	<p>Long Tem Illness</p>	<p><input type="checkbox"/></p>
	<p>Other</p>	<p><input type="checkbox"/></p>
	<p>Prefer not to say</p>	<p><input type="checkbox"/></p>
<p>MENTAL HEALTH DISORDER</p> <p>Do you consider yourself to have a Mental Health Disorder?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	
<p>ETHNIC GROUP</p> <p>What is your ethnic group or background? Choose one section from A to E.</p> <p>SECTION A – WHITE</p>	<p>SECTION A- WHITE</p>	
	<p>English, Welsh, Scottish, Northern Irish or British</p>	<p><input type="checkbox"/></p>
	<p>Irish</p>	<p><input type="checkbox"/></p>
	<p>Gypsy or Irish Traveller</p>	<p><input type="checkbox"/></p>
	<p>Roma</p>	<p><input type="checkbox"/></p>
	<p>Any other white background;</p>	

ETHNIC GROUP SECTION B – MIXED OR MULTIPLE ETHNIC GROUPS	SECTION B – MIXED OR MULTIPLE ETHNIC GROUPS	
	White or Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed or Multiple background;	
ETHNIC GROUP SECTION C – ASIAN OR ASIAN BRITISH	SECTION C – ASIAN or ASIAN BRITISH	
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
Any other Asian background;		
ETHNIC GROUP SECTION D – BLACK, BLACK BRITISH, CARIBBEAN OR AFRICAN	SECTION D – BLACK, BLACK BRITISH, CARIBBEAN OR AFRICAN	
	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black, Black British or Caribbean background;	
ETHNIC GROUP SECTION E – OTHER ETHNIC GROUP	SECTION E – OTHER ETHNIC GROUP	
	Arab	<input type="checkbox"/>
	Any other Ethnic Group;	
	Prefer not to say <input type="checkbox"/>	
	No Religion	<input type="checkbox"/>

RELIGION OR BELIEF What is your religion or belief?	Christian (all denominations)	<input type="checkbox"/>
	Buddhist	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>
	Muslim	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

Preston North End FC Inclusion and Anti-Discrimination Mission Statement

At Preston North End Football Club we aim to provide an enjoyable experience for all supporters and hold inclusion and anti-discrimination at the core of our values. We are committed to creating an environment which welcomes and respects people from all communities, promoting equality and diversity at Deepdale and its associated premises. As a Club we recognise the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation), under the Equality Act 2010 and will play an active role in supporting inclusion and putting an end to discrimination.

Please complete this form which helps us to monitor applicants for equality purposes. This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The data will not be taken into account in assessing information on your application form.