

volunteer update information form

volunteer as:	
area or location	

personal details

Forename(s):

Surname:

Title: (please circle)

Ms/Miss/Mrs/Mr/Dr/Rev/Other Previous surname:

Known as:

NI number:

Home address:

Post Code:

Home tel no:

Mobile no:

Email:

Date of birth:

other information

Please give details of any relationship to any Director or employee of Brio:

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reference

Please give the names and addresses of ONE referee:

name and title	
position held	
address	
in what capacity does the referee know you?	
telephone	
email	

health

Do you consider yourself to have good health? (please circle) *Yes/No

If 'No', please give further details:

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declaration

I declare that to the best of my knowledge, the information I have given is complete and correct.

signed:

date:

Please return the completed, signed form to:

Human Resources Team
Brio Leisure
Northgate Arena
Victoria Road
Chester CH2 2AU

Email: recruitment@brioleisure.org



equal opportunities form

In accordance with its equal opportunities statement, Brio will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital or civil partnership status, disability, sexual orientation, gender reassignment, religion or age.

In order to enable Brio to ensure compliance with its policy statement, a system of monitoring has been set up. The data given on this form will be stored on computer in an anonymised format and the form will then be destroyed.

All information provided will be treated in confidence and it will be used solely by the Human Resources department for the purpose of providing statistics for equal opportunities monitoring. Thank you for your assistance in completing this form.

name:		
position:		
age:		DOB:
gender:	Male	
	Female	
	Intersex	
	Transgender	
	Non-binary	
	Prefer not to say	
	If you prefer to use your own term, please specify here	
marital Status:	Single	
	Married	
	In a civil partnership	
	Co-habiting – living with partner	
	Other please specify	
sexual orientation:	Heterosexual/straight	
	Homosexual/lesbian	
	Gay man	



	Bisexual		
	Prefer not to say		
disability or health condition:	Yes		
	No		
	Prefer not to say		
	What is the effect or impact of your disability or health condition on your ability to give your best at work: please write in here		
	The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your Manager, or Human Resources		
ethnic origin: This is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong	White	British	
		Irish	
		Other white background (please specify)	
	Mixed	White and Black Caribbean	
		White and Black African	
		White and Asian	
		Other mixed background (please specify)	
	Asian	Indian	
		Pakistani	
		Bangladeshi	
		Other Asian background (please specify)	
	Black	Caribbean	
		African	



		Other black background (please specify)	
	Chinese		
	Any other ethnic group, please write here		
	Prefer not to say		
religion or belief:	Christian		
	Jewish		
	Sikh		
	Muslim		
	Hindu		
	Buddhist		
	None		
	If other religion or belief, please write here		
	Prefer not to say		
caring responsibilities: please tick all that apply:	None		
	Primary carer of a child/children under 18		
	Primary carer of disabled child/children		
	Primary carer of disabled adult (18+)		
	Primary carer of older person		
	Secondary carer (another person carried out the main caring role)		
	Prefer not to say		

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