

# EQUALITY AND DIVERSITY AUDIT TEMPLATE QUESTIONS

An Equality and Diversity audit is an essential tool to assess the diversity of Club Members and Officials so that a Club can take appropriate steps to address any underrepresentation and monitor the progress of Equality, Diversity and Inclusion initiatives.

Without this data, it will not be possible to identify any current areas of under-representation at the club or any potential inequalities and will make it much more difficult to tackle these issues.

The following are recommended questions to ask as part of an Equality and Diversity Audit. We recommend developing and hosting the survey online using a tool such as [Survey Monkey](#), [Google Forms](#) or [Microsoft forms](#), however, you can use this template for your Club Members and Officials to complete the survey on paper.

If you require further support or have any questions on how to conduct an Equality and Diversity audit at your clubs contact [PAWB@FAW.Cymru](mailto:PAWB@FAW.Cymru)



----- Football Club is committed to making our Club accessible and welcoming to everyone and is collecting information about the Members of our club.

To help us with this we want to ask you some questions so that we can better understand the current representation of our Club Members.

Without this data, it will not be possible to identify any current areas of under-representation or inequality, and as such, it will make it much more difficult for us to tackle these issues. This survey is being carried out as part of our responsibilities under the Equality Act, 2010 and as part of the accreditation process for the Football Association of Wales and the Club PAWB Framework.

We recognise that your personal information is important to you, any data collected as part of this process is anonymous. It will not be possible to identify an individual's responses and all data will be stored appropriately and only used for the above purposes. Children and young people under the age of 18 need to have parental consent before completing this survey or should be completed by a parent or guardian.

If you require further support or have any questions please contact -----

Regards,

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----- Football Club

# EQUALITY AND DIVERSITY AUDIT QUESTIONNAIRE

## GENDER

Which of the following describes how you think of yourself? Please select one option below:						
Female	<input type="checkbox"/>					
Male	<input type="checkbox"/>					
Non-binary	<input type="checkbox"/>					
In another way, please specify here: Click or tap here to enter text.	<input type="checkbox"/>					
I would prefer not to answer this question	<input type="checkbox"/>					
Trans is an umbrella term to describe anyone whose sex and/or gender differs from that assigned to them at birth. Please select one option below:						
Do you consider yourself to be trans or as having a trans history?	Prefer not to say	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## SEXUAL ORIENTATION

Please indicate which of the following best describes how you identify by selecting from one of the options below:	
Bisexual	<input type="checkbox"/>
Gay Woman/lesbian	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>
In another way, please specify here: Click or tap here to enter text.	<input type="checkbox"/>
I would prefer not to answer this question	<input type="checkbox"/>

## AGE

What is your age? Please select one option from the below:	
Under 16	<input type="checkbox"/>
16-20 years old	<input type="checkbox"/>
21-30 years old	<input type="checkbox"/>
31-40 years old	<input type="checkbox"/>
41-50 years old	<input type="checkbox"/>
51-60 years old	<input type="checkbox"/>
61-70 years old	<input type="checkbox"/>
71 years +	<input type="checkbox"/>
I would prefer not to answer this question	<input type="checkbox"/>

## DISABILITY

Do you consider your day-to-day activities limited because of a health condition or disability, which has lasted, or is expected to last at least 12 months? Please select one option below:	
Yes, limited a lot	<input type="checkbox"/>
Yes, limited a little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
I would prefer not to answer this question	<input type="checkbox"/>

## DISABILITY (CONT) – IF YES:

How would you describe your health condition or disability? Please select the options that apply to you:	
Deaf or hard of hearing	<input type="checkbox"/>
Blind or partially sighted	<input type="checkbox"/>
Physical impairment (I do not use a wheelchair)	<input type="checkbox"/>
Physical impairment (I am a permanent wheelchair user)	<input type="checkbox"/>
Learning difficulty (e.g. movement co-ordination difficulty)	<input type="checkbox"/>
Learning disability (e.g. Downs Syndrome etc.)	<input type="checkbox"/>
Mental health condition (e.g. depression, stress etc.)	<input type="checkbox"/>
Neurodivergent (ADHD, Autism, Dyspraxia, Dyslexia etc)	<input type="checkbox"/>
I would prefer not to answer this question	<input type="checkbox"/>

## ETHNICITY:

What is your ethnic group? Please select one of the options in the drop-down list below:	
<b>A. White</b>	
Welsh	<input type="checkbox"/>
English / Scottish / Northern Irish / British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any other White background, please specify here: Click or tap here to enter text.	
<b>B. Mixed / multiple ethnic groups</b>	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed/multiple ethnic background, please specify here: Click or tap here to enter text.	
<b>C. Asian / Asian British</b>	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>

Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background, please specify here: Click or tap here to enter text.	
<b>D. Black / African / Caribbean / Black British</b>	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black / African / Caribbean background, please specify here:	
<b>E. Other ethnic group</b>	
Arab	<input type="checkbox"/>
Any other ethnic group, please specify here: Click or tap here to enter text.	
I would prefer not to answer this question	<input type="checkbox"/>

## RELIGION

<b>What is your religion or belief? Please select one of the options below:</b>	
No religion	<input type="checkbox"/>
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"/>
Any other religion, please specify here: Click or tap here to enter text.	
I would prefer not to answer this question	<input type="checkbox"/>

## LANGUAGE

<b>What is your main language? Please select one of the options below:</b>	
Welsh	<input type="checkbox"/>
English	<input type="checkbox"/>
Other (including British Sign Language), please specify here: Click or tap here to enter text.	
I prefer not to answer this question	<input type="checkbox"/>

<b>Can you understand, speak, read or write Welsh? Please tick all that apply:</b>	
Understand spoken Welsh	<input type="checkbox"/>
Speak Welsh	<input type="checkbox"/>
Read Welsh	<input type="checkbox"/>
Write Welsh	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
I prefer not to answer this question	<input type="checkbox"/>

**Thank you for taking the time to fill out this questionnaire.**