

## MEDIATION QUALITY MARK – EQUAL OPPORTUNITIES FORM

### 1. Your Organisations Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Are you a member of a recognised representative body?  
(Please tick)

Yes

No

If Yes please state which one:  
\_\_\_\_\_

### 2. What numbers of persons on the management committee (or equivalent) of your organisation are?

AGED BETWEEN	Male				Female		
	18-24	25-34	35-49	50-59	60-64	65-69	70+
<b>WHITE</b>	British		Irish		Other (please specify) _____		
<b>MIXED</b>	White/Black C'bean		White/Black African		White/Asian	Other (please specify) _____	
<b>ASIAN / ASIAN BRITISH</b>	Indian		Pakistani		Bangladeshi	Other (please specify) _____	
<b>BLACK/BLACK BRITISH</b>	Black Caribbean		Black African		Other (please specify) _____		
<b>CHINESE OR OTHER</b>	Chinese		Other (please specify) _____				

What numbers of these persons have a longstanding illness, disability or infirmity? \_\_\_\_\_

### 3. What numbers of employed (i.e. salaried) staff in your organisation are? If these persons are also on the management committee, please include here as well.

AGED BETWEEN	Male				Female		
	18-24	25-34	35-49	50-59	60-64	65-69	70+
<b>WHITE</b>	British		Irish		Other (please specify) _____		
<b>MIXED</b>	White/Black C'bean		White/Black African		White/Asian	Other (please specify) _____	
<b>ASIAN / ASIAN BRITISH</b>	Indian		Pakistani		Bangladeshi	Other (please specify) _____	
<b>BLACK/BLACK BRITISH</b>	Black Caribbean		Black African		Other (please specify) _____		
<b>CHINESE OR OTHER</b>	Chinese		Other (please specify) _____				

What numbers of these persons have a longstanding illness, disability or infirmity? \_\_\_\_\_

### 4. What numbers of volunteer staff in your organisation are? If these persons are also on the management committee, please include here as well.

AGED BETWEEN	Male				Female		
	18-24	25-34	35-49	50-59	60-64	65-69	70+
<b>WHITE</b>	British		Irish		Other (please specify) _____		
<b>MIXED</b>	White/Black C'bean		White/Black African		White/Asian	Other (please specify) _____	
<b>ASIAN / ASIAN BRITISH</b>	Indian		Pakistani		Bangladeshi	Other (please specify) _____	
<b>BLACK/BLACK BRITISH</b>	Black Caribbean		Black African		Other (please specify) _____		
<b>CHINESE OR OTHER</b>	Chinese		Other (please specify) _____				

What numbers of these persons have a longstanding illness, disability or infirmity? \_\_\_\_\_

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**5. If your organisation is set up to serve any particular client group(s) detailed below, please tick. You may tick as many boxes as are appropriate. If your organisation has no particular target client group, please ignore this question.**

	Male _____		Female _____
<b>WHITE</b>	British _____	Irish _____	Other (please specify) _____
<b>MIXED</b>	White/Black C'bean _____	White/Black African _____	White/Asian _____ Other (please specify) _____
<b>ASIAN / ASIAN BRITISH</b>	Indian _____	Pakistani _____	Bangladeshi _____ Other (please specify) _____
<b>BLACK/BLACK BRITISH</b>	Black Caribbean _____	Black African _____	Other (please specify) _____
<b>CHINESE OR OTHER</b>	Chinese _____	Other (please specify) _____	

Is your target client group: persons that have a longstanding illness, disability or infirmity? Yes \_\_\_\_\_ No \_\_\_\_\_

a particular age group? Yes, elderly people \_\_\_\_\_ Yes, younger people \_\_\_\_\_ Other age group (please specify) \_\_\_\_\_

**6. If applicable, are you applying for an LSC contract (please circle)?**

Yes                      No                      Actively Considering                      Don't Know