

# Diversity Questionnaire

**Thank you for taking the time to complete this questionnaire.**

## **Why do we need this information?**

We need a diverse workforce in this organisation so that we can:

- meet the diverse needs of the community that we serve, and
- provide equal opportunity for all people in public employment.

This questionnaire provides us with important information on the diversity of our workforce that helps us assess how well we are achieving these outcomes. It will be used to inform and develop organisation and government policies and programs relating to employment and service delivery.

## **Confidentiality**

Maintaining the confidentiality of your personal information is of utmost concern to us. This information will be held in confidence on our personnel system and will only be used for the purpose of developing equal employment opportunity and diversity policies and programs for the organisation and for government.

The information collected will **not** be used to identify individuals and will **not** be placed on your personal file.

If you have any questions or need assistance to complete the questionnaire please contact Human Resources on 9290 6679 or via email on [humanresources@mundaring.wa.gov.au](mailto:humanresources@mundaring.wa.gov.au).

### **Instructions**

The questionnaire will take approximately five minutes to complete.

Information about your cultural background and disability status is important to us. Please answer all questions. If you have a particular reason for not wanting to answer a question, leave that question blank, but please answer the other questions and return the form.

Once you have completed the questionnaire please return it to:

Human Resources  
Shire of Mundaring  
7000 Great Eastern Highway  
Mundaring WA 6073

Last name:

Employee identifier:   
(If known)

First name:

**1 Do you identify as male, female or indeterminate/ intersex/ unspecified ?**

Male..... ☐

Female..... ☐

Indeterminate/ intersex/ unspecified .... ☐

**2 What is your date of birth?**

day month year

**3 In which country were you born?**

*Tick one box*

Australia..... ☐ 1101

Canada ..... ☐ 8102

England..... ☐ 2102

Ireland..... ☐ 2201

New Zealand..... ☐ 1201

Northern Ireland ..... ☐ 2104

Scotland ..... ☐ 2105

South Africa ..... ☐ 9225

United States of America..... ☐ 8104

Wales ..... ☐ 2106

Other (please specify)

**4 Are you of Aboriginal and/or Torres Strait Islander origin?**

No ..... ☐

Yes, Aboriginal..... ☐ 1100

Yes, Torres Strait Islander..... ☐ 1100

**5 Do you speak a language other than English at home?**

*Note: If more than one language is spoken, indicate the one spoken most often.*

No, English only..... ☐ 1201

Yes, Arabic..... ☐ 4202

Yes, Afrikaans ..... ☐ 1403

Yes, Cantonese..... ☐ 7101

Yes, Filipino..... ☐ 6512

Yes, French..... ☐ 2101

Yes, German ..... ☐ 1301

Yes, Hindi..... ☐ 5203

Yes, Indigenous Australian language ..... ☐ 8935

Yes, Indonesian ..... ☐ 6504

Yes, Italian ..... ☐ 2401

Yes, Malay ..... ☐ 6505

Yes, Mandarin ..... ☐ 7104

Yes, Polish ..... ☐ 3602

Yes, Spanish ..... ☐ 2303

Yes, Tagalog ..... ☐ 6511

Yes, Vietnamese ..... ☐ 6302

Yes, other  
(please specify)

Please turn over to complete Questions 6-9

**6 Do you have any of the following ongoing disabilities?**

**Note:** This includes anyone with an ongoing disability who has an employment restriction due to their disability that requires any of the following:

- restriction in the type of work they can do
- modified hours of work or time schedules
- adaptations to the workplace or work area
- specialised equipment
- extra time for mobility or for some tasks
- ongoing assistance or supervision to carry out their duties.

**No** ☐ *N*

You do not need to answer any further questions

**Sight**..... ☐ *S*

Use Braille, low vision aids or other special technology such as appropriate computers or screens (Note: Does not include glasses or contact lenses).

**Speech** ..... ☐ *T*

Use aids such as word processors or communication boards in order to be understood or need extra time to be understood.

**Hearing**..... ☐ *H*

Use aids such as a hearing help card or volume control telephone in order to hear or TTY (telephone typewriter), Auslan interpreter, or note taker in order to communicate.

**Learning**..... ☐ *I*

Use specific support and training to perform the job, need more than average time to learn some parts of a job or have difficulty reading or writing e.g. have an intellectual disability, acquired brain injury or dyslexia.

**Use of arms or hands**..... ☐ *A*

Use specific equipment e.g. modified keyboard, hands-free telephone or need extra time for handling objects.

**Use of legs** ..... ☐ *L*

Use aids or need extra time for mobility e.g. wheelchair, crutches.

**Long term medical, physical, mental or psychiatric condition** ☐ *M*

Any long-term health or medical condition which regularly restricts or limits activities e.g. requires regular absences due to illness or time to be provided at work for medication or treatment or restricts some functions due to health and safety considerations. *E*

**Other** (please specify)

**7 Does your disability require adjustments in the workplace by us?**

**Note:** Examples include modifications to:

- the tasks of the job or the working hours
- the workplace, work area or equipment
- provide extra time for some tasks
- provide extra assistance or supervision.

Yes ..... ☐ *Y*

No ..... ☐ *N*

You do not need to answer any further questions

**8 Please describe the adjustments we need to make to your workplace and indicate which of these have been provided:**

<i>Adjustments needed</i>	<i>Provided (Yes/No)</i>

**9 If you provided an answer at Q8, would you like this information to be made available to appropriate staff so any adjustments can be put in place and maintained?**

**Note:** Your answers to other questions will remain confidential.

Yes..... ☐ *Y*

No ..... ☐ *N*

**Thank you for your participation in this questionnaire.**

**Please return this form to Human Resources**