|  |  |
| --- | --- |
| **DIVERSITY MONITORING**  Data will be shared with our decision panel in order to make choices supporting our priority areas. Data will expressly be used for this purpose only and deleted by all panelists within 48 hours of the panel meeting. Please select from the following options:  **☐** I consent to sharing my data with the decision panel  **☐** I do **not** consent to sharing my data with the decision panel  If you prefer not to provide some of the information below, you can tick the "Prefer not to say" box. | |
|  | |
| **Ethnicity**\*  Please select all of the categories that are relevant to the project leads. | |
| **White British** |  |
| Irish | **☐** |
| Gypsy or Irish traveller | **☐** |
| Any other white background | **☐** |
|  |  |
| **Mixed** |  |
| White and Black Caribbean | **☐** |
| White and Black African | **☐** |
| White and Asian | **☐** |
| Any other Mixed/Multiple ethnic background | **☐** |
|  |  |
| **Asian / Asian British** |  |
| Indian | **☐** |
| Pakistani | **☐** |
| Bangladeshi | **☐** |
| Chinese | **☐** |
| Any other Asian background | **☐** |
|  |  |
| **Black/Black British** |  |
| African | **☐** |
| Caribbean | **☐** |
| Any other Black background | **☐** |
|  |  |
| **Other ethnic group** |  |
| Arab | **☐** |
|  |  |
| Prefer not to say | **☐** |
| **Age** \* | |
| 16 to 24 | **☐** |
| 25 to 34 | **☐** |
| 35 to 44 | **☐** |
| 45 to 54 | **☐** |
| 55 to 64 | **☐** |
| 65 to 74 | **☐** |
| 75 to 84 | **☐** |
| 85 and over | **☐** |
| Prefer not to say | **☐** |
|  |  |
| **Gender identity** | |
| Female | **☐** |
| Male | **☐** |
| Non-binary | **☐** |
| Prefer not to say | **☐** |
| Self-identify |  |
|  |  |
| **Is your gender identity different to that which it was assumed to be at birth?** | |
| Yes | **☐** |
| No | **☐** |
| Prefer not to say | **☐** |
|  |  |
| **Sexual orientation** | |
| Bisexual | **☐** |
| Gay man | **☐** |
| Gay woman/ lesbian | **☐** |
| Heterosexual/ straight | **☐** |
| Prefer not to say | **☐** |
| Self-identify |  |
|  |  |
| **Do you consider yourself to have a disability or health condition?** | |
| Yes | **☐** |
| No | **☐** |
| Prefer not to say | **☐** |
|  |  |