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**Inclusion & Diversity Form**

We want to meet the aims and commitments set out in our Inclusion and Diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging Inclusion and Diversity. We need your help and co-operation to enable it to do this but **completing this form is voluntary.** The information you provide will stay confidential, be stored securely and limited to only some colleagues in the organisation’s People Team department.

You can complete this form either online or printed out. If completing online, you can click the boxes to ‘tick’ them.

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **What age group are you currently in?** | | | | 1. **What is your religion or belief?** | | |
| 16-24  25-29  30-34  35-39  40-44  Prefer not to say | 45-49  50-54  55-59  60-64  65+ | | | No religion/belief  Buddhist  Hindu  Christian | Jewish  Muslim  Sikh  Prefer not to say | |
| Other, please specify: | | |
| 1. **hat is your gender?**   Male  Female  Prefer not to say  Other, please specify: | | | | 1. **What is your sexual orientation?** | | |
| Heterosexual  Gay woman  Gay man | | Bisexual  Prefer not to say |
| Other, please specify: | | |
| 1. **What is your legal marital or civil partnership status?**   Never married and never registered a civil partnership | | | | | | |
| Married  Divorced  Separated, but still legally married  Widowed  Prefer not to say | | In a registered civil partnership  Formerly in a registered civil partnership which is now dissolved  Separated, but still in a registered civil partnership  Surviving partner from a registered civil partnership | | | | |
| 1. **Do you have caring responsibilities? If yes, 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 and over)  Primary carer of older person  Secondary carer (another person carries out the main caring role)  Prefer not to say | | | | | | |
| 1. **What is your ethnicity?**   Prefer not to say | | | | | | |
| *Asian / Asian British*  Indian  Pakistani  Bangladeshi  Chinese  Other, please specify:  *Black / Black British*  African  Caribbean  Other, please specify:  O*ther ethnic group*  Arab  Other, please specify: | | | *White*  English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Other, please specify:  *Mixed / multiple ethnic groups*  White and Black Caribbean  White and Black African  White and Asian  Other, please specify: | | | |
| 1. **Do you consider yourself to have a disability or health condition?**   Yes  No  Prefer not to say  **If you answered ‘yes’, please indicate your disability or health condition(s):**  Vision (e.g. due to blindness or partial sight)  Hearing (e.g. due to deafness or partial hearing)  Mobility (e.g. such as difficulty walking short distances, climbing stairs, lifting and carrying objects)  Learning or concentrating or remembering  Mental Health  Stamina or breathing difficulty  Social or behavioural differences (e.g. due to neuro-diverse conditions such as Autism Spectrum or ADHD)  Other, please specify:  Prefer not to say  *The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ for a disability or health condition, then please discuss this with your manager, or the recruitment team if you are a job applicant.* | | | | | | |

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| **RETURNING COMPLETED FORM**  Please return completed forms along with your application form by the closing datevia email to: [info@ubuntumc.org.uk](mailto:info@ubuntumc.org.uk)  You can also return via post to: Ubuntu Multicultural Centre, 49 Clifton Street, Middlesbrough, TS1 4BX  In accordance with our Inclusion and Diversity Policy, this form will be separated from your application form before shortlisting |

**We greatly appreciate your time completing this form**