



Equality and Diversity Monitoring Form 2022

Horizons (Plymouth) are strongly committed to positive action to abolish discrimination in all aspects of our work, whether in our practice as employers, in the way we work with 'outside' organisations and in our work with Project clients and users. The details on this form will be stored in accordance with our privacy policy.

Age and gender (Please tick one box only)

Prefer not on answer

Age:

I identify my gender as: Woman

Man

Intersex

Non-binary

If you prefer to use your own term, please specify here:

What is your ethnicity?

Prefer not to answer

Ethnic Origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group	Mixed/multiple ethnic groups	White
Indian <input type="checkbox"/>	African <input type="checkbox"/>	Arab / Middle Eastern <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	British/English <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>		White & Black African <input type="checkbox"/>	Scottish <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>			White & Asian <input type="checkbox"/>	Northern Irish <input type="checkbox"/>
Chinese <input type="checkbox"/>				Irish <input type="checkbox"/>
				Welsh <input type="checkbox"/>
				Gypsy or Irish Traveler <input type="checkbox"/>

Any other ethnic group, please specify:

What is your religion or belief?

Not Religious

Prefer not to answer

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

If other religion or belief, please specify:

What is your sexual orientation?

Prefer not to answer

Heterosexual

Bisexual

Gay

Lesbian

If you prefer to use your own term please specify here:

Health (please tick one box only)

Prefer not to answer

Do you consider yourself to have a disability or health condition?*

Yes

No

* The Equality Act 2010 defines a person as disabled if they have a long term impairment (i.e. has lasted or is expected to last at least 12 months) that has an adverse effect on the person's ability to carry out normal day-to-day activities.

Thank you for taking the time to complete this form.