**Horizons (Plymouth) wants to meet the aims and commitments set out in its equality policy.**

**This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.**

**The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.**

**If you have any questions about the form contact Lois Noyce,** [**lois@horizonsplymouth.org**](mailto:lois@horizonsplymouth.org)

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| **Age and gender (Please tick one box only)** | | | | | | | | | | | | | | | | | | | | | | | | Prefer not on answer | | | | | | | | | | | | | | |  | | | |
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| Age**:** | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
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| I identify my gender as: | | | | | Female | | | |  | | | | Male | | | | | | | |  | | | | Intersex | | | | | |  | | | | Non-binary | | | |  | | | |
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| If you prefer to use your own term, please specify here: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Asian/  Asian British** | | **Black/ African/ Caribbean/ Black British** | | | | | | | | | | | **Other Ethnic Group** | | | | | | | | | | | | **Mixed/multiple**  **ethnic groups** | | | | | | | | | **White** | | | | | |
| Indian |  | | African | | | | | | | |  | | | Arab / Middle Eastern | | | | | | | |  | | | | White & Black Caribbean | | | | | |  | | | | British/English | |  | | | |
| Pakistani |  | | Caribbean | | | | | | | |  | | |  | | | | | | | |  | | | | White & Black African | | | | | |  | | | | Scottish | |  | | | |
| Bangladeshi |  | |  | | | | | | | |  | | |  | | | | | | | |  | | | | White & Asian | | | | | |  | | | | Northern Irish | |  | | | |
| Chinese |  | |  | | | | | | | |  | | |  | | | | | | | |  | | | |  | | | | | |  | | | | Irish | |  | | | |
|  |  | |  | | | | | | | |  | | |  | | | | | | | |  | | | |  | | | | | |  | | | | Welsh | |  | | | |
|  |  | |  | | | | | | | |  | | |  | | | | | | | |  | | | | Gypsy or Irish Traveller | | | | | | | | | | | |  | | | |
|  |  | |  | | | | | | | |  | | |  | | | | | | | |  | | | |  | | | | | |  | | | |  | |  | | | |
| 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: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your sexual orientation?** | | | | | | | | | | | | | | | | | | | | | Prefer not to answer | | | | | | | | | | | | | | | | | |  | |
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| Heterosexual |  | | | Gay | | |  | Lesbian | | | | | | | |  | Bisexual | | |  | | | Asexual | | | | | |  | Pansexual | | |  | | | | Undecided | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you prefer to use your own term please specify here: | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Thank you for taking the time to complete this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |