**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**

|  |  |  |
| --- | --- | --- |
| **Age and gender (Please tick one box only)** | Prefer not on answer |  |
|  |
| Age**:** |  |  |  |  |
|  |
| I identify my gender as: | Female |  | Male |  | 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 |  | 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: |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **What is your sexual orientation?** | Prefer not to answer |  |
|  |  |  |
| Heterosexual  |  | Gay |  | Lesbian |  | Bisexual |  | Asexual |  | Pansexual |  | Undecided |  |
|  |
| 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.** |