**Devon Mind Equality, Diversity & Inclusion Form**

Devon Mind 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 you supply on this form will be kept completely confidential and this has no part in the shortlisting process.

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| Age group: | 18–20 years  21–25 years  26–30 years  31–35 years  36–40 years  41–45 years  46–50 years  51–55 years  56–60 years  61–65 years  Over 65 years |
| Gender identity: | Female  Male  Non-binary  Intersex  Prefer not to disclose  Other: |
| Do you identify as trans? | Yes  No  Prefer not to disclose |
| Sexual orientation: | Heterosexual/straight  Gay man  Gay woman/lesbian  Bisexual  Pansexual  Asexual  Questioning  Prefer not to disclose  Other: |
| Are you in a marriage or civil partnership? | Yes  No  Prefer not to disclose |
| Ethnic origin: | Ethnic origin is not about nationality, place of birth, or citizenship. It is about the group to which you perceive you belong. Please check the appropriate box below: |
| **White:**  White British  White Irish  Gypsy/Irish Traveller  Any other White background, please state:  **Black/African/Caribbean/Black British:**  African  Caribbean  Any other Black/African/Caribbean background, please state:  **Asian/Asian British:**  Indian  Bangladeshi  Pakistani  Chinese  Any other Asian/Asian British background, please state:  **Mixed/multiple ethnic groups:**  White & Black African  White & Black Caribbean  White & Asian  Any other Mixed background, please state:  **Other ethnic group:**  Arab  Any other ethnic group, please state: | |
| Religion or belief: | Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Non-religious (humanist/atheist)  Prefer not to disclose  Other: |
| Do you consider yourself to have a disability or long-term health condition? | Yes  No  Prefer not to disclose |