

## IPSS Diversity and Equality Monitoring Form

UKCP and CPJA requires its Member Organisations to collect and monitor data regarding Diversity and Equality. The information is to monitor IPSS's progress in supporting equality and diversity among its membership.

This information will only be seen by the administrator. It will not be stored but will only be used for statistical purposes where the individual will not be identifiable.

### **1. Ethnicity**

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| <b>White</b>   |
| Welsh, English, Scottish, Northern Irish, British <input type="checkbox"/>                     |
| Irish <input type="checkbox"/>   |
| Gypsy or Irish Traveller <input type="checkbox"/>  |
| Any other White background <input type="checkbox"/> Please specify:                            |
| <b>Mixed Multiple Ethnic Groups</b>  |
| White and Black Caribbean <input type="checkbox"/>   |
| White and Black African <input type="checkbox"/>   |
| White and Asian <input type="checkbox"/>   |
| Any other mixed/multiple ethnical background <input type="checkbox"/> Please specify:          |
| <b>Asian/Asian British</b>   |
| Indian <input type="checkbox"/>  |
| Pakistani <input type="checkbox"/>   |
| Other <input type="checkbox"/> Please specify:   |
| <b>Black/African/Caribbean/Black British</b>   |
| African <input type="checkbox"/>   |
| Caribbean <input type="checkbox"/>   |
| Any other Black/African/Caribbean ethnical background <input type="checkbox"/> Please specify: |
| <b>Other Ethnic Group</b>  |
| Arab <input type="checkbox"/>  |
| Any other Ethnic group <input type="checkbox"/> Please specify:                                |

### **2. Gender**

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|--|
| Male <input type="checkbox"/>                                    |
| Female <input type="checkbox"/>                                  |
| Prefer to self-describe <input type="checkbox"/> Please specify: |
| Prefer not to say <input type="checkbox"/>                       |

### **3. Disabilities**

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| Do you have any long-standing illness, disability or infirmity?<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>Please specify: |
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#### 4. **Sexuality**

Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Prefer not to say