**EQUALITY AND DIVERSITY MONITORING FORM**

The Delivering Net Zero project team is committed to delivering equality, diversity and inclusion. To ensure that we are being effective in this important aspect of our work, we monitor participation in all our activities. All data provided in response to this monitoring is used for statistical analysis only, to help identify areas of under-representation and to develop actions to address this. The information you provide is stored securely and anonymously and cannot be used to identify any individual. Once we have collated this data, the original forms will be destroyed.

**What is your gender?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Intersex |  | Non-binary |  | Prefer not to say |  |

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

**What is your age?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 20-29 |  | 30-39 |  | 40-49 |  | 50-59 |  | 60-69 |  |
| 70+ |  | Prefer not to say |  |  |  |  |  |  |  |

**What is your ethnicity?**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Arab |  | Asian or Asian British |  | Black or Black British |  | Chinese |  | Mixed |  |
| Traveller/ Gypsy/ Roma |  | White |  | Prefer not to say |  |  |  |  |  |

Any other background, please state:

……………………………………………….….

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |  |  |  |  |

**What is your sexual orientation?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hetero-sexual |  | Gay |  | Lesbian |  | Bisexual |  | LGBTQ+ |  |
| Prefer not to say |  |  |  |  |  |  |  |  |  |

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

……………………………………………….….

**What is your current career stage?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Early career |  | Mid-Career |  | Senior Career |  | Prefer not to say |  |  |  |

**Do you have caring responsibilities? If yes, please tick all that apply**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| None |  | Primary carer of child(ren) under 18 |  | Primary carer of disabled child(ren) |  | Primary carer of someone else |  | Prefer not to say |  |