****London & South East Region Regional Management Board Equality & Diversity Monitoring Form**

England Netball and London & South East Region Netball Association (“L&SER”) are committed to equality, diversity and inclusion. As part of this commitment, L&SER wants to ensure that it’s Regional Management Board (“RMB”) is reflective of the community it serves and to encourage applications from suitably qualified individuals from all its demographics. As a step towards these objectives, L&SER wants to:

* Establish the baseline data of existing members of the RMB and new applicants for membership of the RMB
* Analyse this data against L&SER’s current demographic(s)
* Identify any particular demographic(s) which are not reflected in current membership of the RMB or new applicants for membership of the RMB
* Explore reasons for particular demographic(s) not being members of or applying for membership of the RMB
* Review wording of application forms for inclusivity and review whether targeted recruitment is appropriate

L&SER recognises that some people may regard some of this information as overly personal and has therefore included an option in all questions for ‘prefer not to say’. Completion of the form is voluntary, however it will help us improve our analysis if you can complete as much as possible. All personal information we collect, including special categories of data such as medical history, race or ethnicity, disability or sexual orientation will be processed fairly, lawfully and securely in accordance with applicable data protections laws (the General Data Protection Regulation and the Data Protection Act 2018) and will be retained for no longer than is necessary for the purposes of our analysis. The basis for the processing of your personal information is your explicit consent. Access to information will be restricted to staff involved in the processing and monitoring of this data via password protection. **It will only be used to provide statistical information, on an anonymised basis.**

Please give your consent below for your personal information to be processed in this way. You can withdraw your consent at any time by giving notice to the Regional Co-ordinator at londonandsoutheast@englandnetball.co.uk.

Name: Role*:*

Signed: Date:

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| **Age** | | | | | | | | | | | | | | | | | | |
| Under 15 ☐ | 16-24 ☐ | | | 25-34 ☐ | | | 35-44 ☐ | | 45-54 ☐ | | | 55-64 ☐ | | 65+ ☐ | | Prefer not to say ☐ | | |
| **Gender** | | | | | | | | | | | | | | | | | | |
| Female ☐ | | Male ☐ | | | | Non-Binary ☐ | | | | Intersex ☐ | | | | Prefer not to say ☐ | | | | |
| If you prefer to self-identify, please specify here: | | | | | | | | | | | | | | | | | | |
| Do you identify as Transgender? For the purpose of this question ‘Transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth. | | | | | | | | | | | | | | | | | | |
| Yes ☐ | | | | | No | | | | | | | | Prefer not to say ☐ | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | |
| The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) on the person’s ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the terms given in the DDA? | | | | | | | | | | | | | | | | | | |
| Yes ☐ | | | | | No ☐ | | | | | | | | Prefer not to say ☐ | | | | | |
| If you have answered yes, please indicate the type of impairment which applies to you. If you experience more than one type of impairment, please tick all the types that apply.  If your disability does not fit any of these types, please specify in ‘Other’. | | | | | | | | | | | | | | | | | | |
| Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches | | | | | | | | | | | | | | | | | | ☐ |
| Visual impairment, such as being blind or having a serious visual impairment | | | | | | | | | | | | | | | | | | ☐ |
| Hearing impairment, such as being deaf or having a serious hearing impairment | | | | | | | | | | | | | | | | | | ☐ |
| Mental health condition, such as depression or schizophrenia | | | | | | | | | | | | | | | | | | ☐ |
| Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder | | | | | | | | | | | | | | | | | | ☐ |
| Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy | | | | | | | | | | | | | | | | | | ☐ |
| Other (please specify): | | | |  | | | | | | | | | | | | | | |
| **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 below.  (These are based on the Census 2011 categories, and are listed alphabetically) | | | | | | | | | | | | | | | | | | |
| Asian / Asian British  Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐  Any other Asian background, please specify: | | | | | | | | | | | | | | | | | | |
| Black / Black British  African ☐ Caribbean ☐ Prefer not to say ☐  Any other Black/African/Caribbean background, please specify: | | | | | | | | | | | | | | | | | | |
| Multiple Ethnic Groups  White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐  Prefer not to say ☐  Any other multiple ethnic background, please specify: | | | | | | | | | | | | | | | | | | |
| Other Ethnic Group  Arab ☐ Other ethnic group ☐ Prefer not to say ☐ | | | | | | | | | | | | | | | | | | |
| White  British ☐ English ☐ Irish ☐ Scottish ☐ Welsh ☐ Northern Irish ☐  Gypsy or Irish Traveler ☐ Prefer not to say ☐  Any other White background, please specify: | | | | | | | | | | | | | | | | | | |
| Prefer not to say ☐ | | | | | | | | | | | | | | | | | | |
| **Sexual Orientation** | | | | | | | | | | | | | | | | | | |
| Bisexual ☐ | | | Gay ☐ | | | | | Heterosexual ☐ | | | Lesbian ☐ | | | | Prefer not  to say ☐ | | | |
| If you prefer to self-identify, please specify here: | | | | | | | | | | | | | | | | | | |
| **Religion/Religious Belief** | | | | | | | | | | | | | | | | | | |
| Buddhist ☐ | | | Christian ☐ | | | | | Hindu ☐ | | | Jewish ☐ | | | | Muslim ☐ | | | |
| Sikh ☐ | | | No religion / religious belief ☐ | | | | | Prefer not  to say ☐ | | | If other region/religious belief, please specify: | | | | | | | |
| **Caring Responsibilities**  Do you have caring responsibilities? If yes, please tick all that apply. | | | | | | | | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | | | | | | | | | | | | | | | | | ☐ | |
| Primary carer of disabled child/children | | | | | | | | | | | | | | | | | ☐ | |
| Primary carer of disabled adult (18 and over) | | | | | | | | | | | | | | | | | ☐ | |
| Primary carer of older person | | | | | | | | | | | | | | | | | ☐ | |
| Secondary carer (another person carries out the main caring role) | | | | | | | | | | | | | | | | | ☐ | |
| Prefer not to say | | | | | | | | | | | | | | | | | ☐ | |
| None | | | | | | | | | | | | | | | | | ☐ | |