



## INCLUSION & DIVERSITY MONITORING FORM

Please help St Chad's Broomfield Cricket Club by providing information on inclusion and diversity. All the information is strictly private and confidential and will only be used by us in an aggregated, anonymised format. We will use the information to review our activities and to consider what activities we may need to run to encourage people from many different local communities to get involved in the Club. While completion of the Inclusion & Diversity Monitoring Form is optional, we do hope that you will provide us with the information to assist us with our plan to be a Club that is accessible to everyone.

**1. What is your sex?**

- Male ☐
- Female ☐
- Intersex ☐
- Non-binary ☐
- Prefer not to say ☐
- If you prefer to use your own term, please specify here: \_\_\_\_\_

**2. Are you married or in a civil partnership?**

- Yes ☐
- No ☐
- Prefer not to say ☐

**3. What is your ethnicity?**

**a. White**

- British/English/Scottish/Northern Irish/Welsh ☐
- Irish ☐
- Gypsy/Traveller ☐
- Any other white background – please state \_\_\_\_\_

**b. Mixed/Multiple Ethnic Groups**

- White and Black Caribbean ☐
- White and Black African ☐
- White and Asian ☐
- Any other mixed/multiple ethnic group – please state \_\_\_\_\_

**c. Asian/Asian British**

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Chinese ☐
- Sri Lankan ☐
- Any other Asian Background – please state \_\_\_\_\_

**d. Black/African/Caribbean/Black British**

- African ☐
- Caribbean ☐
- Any other Black/African/Caribbean background – please state \_\_\_\_\_

**e. Other Ethnic Group**

- Arab ☐
- Any other ethnic group – please state \_\_\_\_\_
- Prefer not to say ☐

**4. What is your religion or belief?**

- No religion or belief ☐
- Agnostic ☐
- Atheist ☐
- Christian (*incl. CofE, Catholic, Protestant and all other Christian Denominations*) ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- Buddhist ☐
- Hindu ☐
- Any other religion – please state \_\_\_\_\_
- Prefer not to say ☐

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

- Yes ☐
- No ☐
- Prefer not to say ☐

**If yes, please indicate the type of impairment:**

- Visual impairment ☐
- Hearing impairment ☐

- Physical impairment ☐
- Learning impairment ☐
- Mental health issues ☐
- Any other impairment – please state \_\_\_\_\_

**6. What is your sexual orientation?**

- Heterosexual ☐
- Homosexual (gay or lesbian) ☐
- Bisexual ☐
- Prefer not to say ☐

If you prefer to use your own term, please specify \_\_\_\_\_

**Thank you for completing this form.**