**Equality Diversity and Inclusion**

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| We would like to understand who is accessing our opportunities and whether underrepresented groups are being reached to support the shaping of future training opportunities. To help us with this, please can you answer the following optional questions.Please note: the data would be anonymised (your name and other identifiers removed) before being used for other educational and research purposes in the future, with your consent. |
|  1 | What is your age?  | * 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65 and over
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| 2 | What is your ethnic group?  Please choose one option that best describes your ethnic group or background.  | **Asian or Asian British** * Bangladeshi
* Chinese
* Indian
* Pakistani
* Any other Asian background

**Black, Black British, Caribbean, or African** * African
* Caribbean
* Any other Black, Black British, or Caribbean background

**Mixed or multiple ethnic groups** * White and Black Caribbean
* White and Asian
* White and Black African
* Asian and Black Caribbean
* Black African and Asian
* Black African and Black Caribbean
* Any other Mixed or multiple ethnic background

**White** * English
* Welsh
* Scottish
* Northern Irish
* British Irish
* Gypsy or Irish Traveller
* Roma
* Any other White background

**Other ethnic group** * Arab
* Any other ethnic group
* Prefer not to say
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| 3  | Which of the following best describes your gender?  | Multiple choice: * Man
* Non-binary
* Woman
* Prefer to self-describe (free text box for self-description)
* Prefer not to say
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| 4  | Which of the following best describes your sexual orientation?  | Multiple choice: * Asexual
* Bi/bisexual
* Gay or lesbian
* Queer
* Straight/heterosexual
* Pansexual
* I identity in another way (free text box to describe)
* Prefer not to say
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| 5  | What best describes your current situation regarding disabilities? Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?    | Multiple choice: * No disabilities
* Physical disability
* Visual impairment
* Hearing impairment
* Cognitive or learning disability
* Other (please specify)
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| 6 | Do you require any reasonable adjustments to attend training events?  | Multiple choice: * Yes, please specify
* No
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| 7  | Do you have any caring responsibilities? (If you share care responsibilities equally then please answer as the primary carer) If yes, please select all that apply.  | Multiple Choice: * A primary carer for children
* A primary carer for elderly family members
* A primary carer for family members with disability
* A primary carer for a family member with a chronic illness.
* No, I do not have any caring responsibilities.
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