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**Future Workspace Fund**

**Diversity Monitoring Form**

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| **This Diversity Monitoring Form is for submission alongside the Second Round Application Form.**  Please provide answers for each person on your senior management team and board of directors. Please use more than one Diversity Monitoring Form if required.  *You can select "Prefer not to say" if you would rather not answer any question.*  The information you provide here:   * is voluntary; * will stay confidential; and, * will **not** be used as part of the application assessment process. |

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| **Summary Information** | |
| How many people are in your senior management team and board of directors? |  |
| Of these, how many are: |  |
| * Black, Asian or minority ethnic |  |
| * Disabled: |  |
| * Female |  |
| * Lesbian, Gay, Bisexual or Transgender (LGBT) |  |
| * Prefer not to say |  |
| Date of completing this form |  |
| How many Diversity Monitoring Forms are you completing? |  |

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| **1. Ethnic origin** *(please tick below)* | | | | | | | |
| **Ethnic Group** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| **White** |  |  |  |  |  |  |  |
| English / Welsh / Scottish / Northern Irish / British |  |  |  |  |  |  |  |
| Irish |  |  |  |  |  |  |  |
| Portuguese Spanish |  |  |  |  |  |  |  |
| Polish |  |  |  |  |  |  |  |
| Gypsy or Irish Traveller |  |  |  |  |  |  |  |
| Any other White background – please specify |  |  |  |  |  |  |  |
| **Mixed / multiple ethnic groups** |  |  |  |  |  |  |  |
| White and Black Caribbean |  |  |  |  |  |  |  |
| White and Black African |  |  |  |  |  |  |  |
| White and Asian |  |  |  |  |  |  |  |
| Any other Mixed / multiple ethnic background – please specify |  |  |  |  |  |  |  |
| **Asian / Asian British** |  |  |  |  |  |  |  |
| Indian |  |  |  |  |  |  |  |
| Pakistani |  |  |  |  |  |  |  |
| Bangladeshi |  |  |  |  |  |  |  |
| Chinese |  |  |  |  |  |  |  |
| Any other Asian background – please specify |  |  |  |  |  |  |  |
| **Black / African / Caribbean / Black British** |  |  |  |  |  |  |  |
| African |  |  |  |  |  |  |  |
| Caribbean |  |  |  |  |  |  |  |
| Any other Black / African / Caribbean background, write in |  |  |  |  |  |  |  |
| **Other ethnic group** |  |  |  |  |  |  |  |
| Latin American |  |  |  |  |  |  |  |
| Arab |  |  |  |  |  |  |  |
| Any other ethnic group – please specify |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Age** *(please tick below)* | | | | | | | |
| **Age** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| 18-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45-54 |  |  |  |  |  |  |  |
| 55-64 |  |  |  |  |  |  |  |
| 65-74 |  |  |  |  |  |  |  |
| 75-84 |  |  |  |  |  |  |  |
| 85+ |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Disability** *(please tick below)* | | | | | | | |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**  *Please include problems related to old age.* | | | | | | | |
| **Disability** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| Yes, limited a lot |  |  |  |  |  |  |  |
| Yes, limited a little |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Religion, faith or belief** *(please tick below what best describes the religion)* | | | | | | | |
| **Religion** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| Atheist |  |  |  |  |  |  |  |
| Buddhist |  |  |  |  |  |  |  |
| Christian |  |  |  |  |  |  |  |
| Hindu |  |  |  |  |  |  |  |
| Jewish |  |  |  |  |  |  |  |
| Muslim |  |  |  |  |  |  |  |
| Sikh |  |  |  |  |  |  |  |
| Other – please specify |  |  |  |  |  |  |  |
| No religion |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Gender** | | | | | | | |
| **Gender** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Self identify as – please specify |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6. Sexual orientation** | | | | | | | |
| **Sexual orientation** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| Bisexual |  |  |  |  |  |  |  |
| Gay or lesbian |  |  |  |  |  |  |  |
| Heterosexual |  |  |  |  |  |  |  |
| Other – please specify |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **7. Language – what is your main language?** | | | | | | | |
| **Language** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** | **Person 7** |
| English |  |  |  |  |  |  |  |
| French |  |  |  |  |  |  |  |
| Italian |  |  |  |  |  |  |  |
| Polish |  |  |  |  |  |  |  |
| Portuguese |  |  |  |  |  |  |  |
| Somalian |  |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |  |
| Twi |  |  |  |  |  |  |  |
| Yoruba |  |  |  |  |  |  |  |
| Other – please specify |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |