



Promoting · Supporting · Influencing



The RCM Equality and Diversity Monitoring Form

The Royal College of Midwives (RCM) is committed to equal opportunities and reflecting the diversity of our membership and staff team. We strive to ensure that our members and staff team are treated in a fair and equal manner.

To ensure effective implementation of our commitment to equal opportunities it is necessary to request information on a number of characteristics relating to equality and diversity through the use of diversity monitoring. We would therefore ask that you complete this optional form, which will be monitored separately to your application. Please be assured that forms are anonymous.

1. Please indicate your sex/gender

- Female Male Prefer not to say

2. Please indicate your age band

- Under 21 41-50 Over 65
 21-30 51-60 Prefer not to say
 31-40 61-65

3. Please indicate your ethnic group (options are listed alphabetically)

- | | | |
|---|---|---|
| <input type="checkbox"/> Arabic or Arabic British | <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Mixed - White Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed - Other |
| <input type="checkbox"/> Asian or Asian British - Chinese | <input type="checkbox"/> Black or Black British - Other | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> White - Gypsy or Irish Traveller |
| <input type="checkbox"/> Asian or Asian British - Other | <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> White - Irish |
| | | <input type="checkbox"/> White - Other |
| | | <input type="checkbox"/> Other Ethnic Group |
| | | <input type="checkbox"/> Prefer not to say |

4. Do you consider yourself to have a disability, impairment, health condition, a learning difference or learning disability?

- Yes No Prefer not to say

5. Please indicate your sexual orientation (options are listed alphabetically)

- Bisexual Gay Woman/Lesbian Other
 Gay Man Heterosexual Prefer not to say

Thank you for completing this form. Please send to hr@rcm.org.uk.