**DIVERSITY MONITORING FORM**

Collecting this data will help The Royal College of Radiologists to meet the recommendations of the Equality and Human Rights Commission (EHRC). The information given here will be treated as confidential. It will only be accessed by authorised individuals at the College and will not be disclosed to any other bodies or individuals. Statistics derived from this data will be used for monitoring purposes, may be published and may be passed to other bodies.

**Age:** 16-24□ 25-29 □ 30-34 □ 35-39□ 40-44 □ 45-49 □ 50-54 □55-59 □ 60-64 □ 65+ □ Prefer not to say □

**Gender Information:** Female □ Male □ Prefer not to say □

**Do you identify as transgender?** Yes □ No □ Prefer not to say □

**What is your cultural background?** These categories are not about nationality, place of birth or citizenship. They relate to broad ethnic group categories as recommended by the EHRC. Choose ONE category from A to E that accurately describes you, then circle as appropriate or tick the appropriate line to indicate your background. The categories were those used in the 2011 Census.

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| **A. Asian, Asian British**  Bangladeshi \_\_\_\_\_\_ Pakistani \_\_\_\_\_\_  Indian \_\_\_\_\_\_ Chinese \_\_\_\_\_\_  Any other Asian background – **please describe** |
| **B. Black, African, Caribbean, Black British**  African \_\_\_\_\_\_ Caribbean \_\_\_\_\_\_  Any other Black/African/Caribbean background - **please describe** |
| **C. Mixed, Multiple ethnic groups**  White and Black African \_\_\_\_\_\_ White and Black Caribbean \_\_\_\_\_\_  White and Asian \_\_\_\_\_\_ Any other Mixed background – **please describe** |
| **D. White**  English \_\_\_\_\_\_ Welsh \_\_\_\_\_\_ British \_\_\_\_\_\_  Scottish \_\_\_\_\_\_ Northern Irish \_\_\_\_\_\_  Irish \_\_\_\_\_\_ Any other White background – **please describe** |
| **E. Other ethnic group**  Arab \_\_\_\_\_\_Any other ethnic group – **please describe** |
| **F. Prefer not to say** □ |

**Do you consider you have a disability?** (Please tick) Yes □ No □

**Nature of your disability** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_