**Equality, Diversity and Inclusion data collection**

CNHC is committed to equal opportunities in our appointment of Company Directors, appointment of members of the Professional Committee and members of CNHC Profession Specific Boards (PSBs), employment of staff, registration of practitioners and delivery of our Strategic and Operational Objectives.

To assist with this endeavour, we ask that you complete this form. Any details you choose to provide will be used for statistical analysis only.

**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 reassignment**

Yes No  Prefer not to say 

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

Yes No  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***White***

English  Welsh  Scottish  Northern Irish  Irish  British 

Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please specify here: ……………………………………………

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian 

Prefer not to say 

Any other mixed background, please specify here: …………………………………………………

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please specify here: ………………………………………………

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please specify here: …………………………………………………………………………………………………….

***Other ethnic group***

Arab  Prefer not to say 

Any other ethnic group, please specify here: ………………………………………………………

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say 

If other religion or belief, please specify here: ……………………………………………………...

**Sex (registered at birth)**

Male  Female  Prefer not to say 

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say 

If you prefer to use your own term, please specify here …………………………………………….