**The Orwell Foundation** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will be stored securely, limited to appropriate members of staff and anonymised within six months.

For more information, please see our [Data Protection Policy](https://www.orwellfoundation.com/the-orwell-foundation/contact/policies/).

Please return the completed form to**info@orwellfoundation.com****.**

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 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 write in:

*Mixed/multiple ethnic groups*

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

*Asian/Asian British*

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

Any other Asian background, please write in:

*Black/ African/ Caribbean/ Black British*

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

*Other ethnic group*

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**What is your sex?** *Please note, a question on gender identity will follow. If you are considering how to answer, use the sex recorded on one of your legal documents such as a birth certificate, Gender Recognition Certificate, or passport:*Male 🗆 Female 🗆 Prefer not to say 🗆

**Is the gender you identity with different from your sex registered at birth?** Yes 🗆

No 🗆 Prefer not to say 🗆

**Which of the following best describes your sexual orientation?**

Straight or heterosexual 🗆 Gay or lesbian 🗆 Bisexual 🗆 Other sexual orientation 🗆

If any other, please write in:

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

Yes🗆 No 🗆 Prefer not to say 🗆

If yes, what is the effect or impact of your disability or health condition on your ability to give your best at work? Please write here (continue on reverse):