

## Diversity and Inclusion Monitoring Form

The Royal Photographic Society is committed to supporting everyone to take part in photography, regardless of their ethnicity, their sexual and gender identity, age or any other aspect of their identity, background or circumstance.

We aim to be inclusive in all our programmes and activities, and encourage applications from everyone regardless of their ethnicity, their sexual and gender identity, age or any other aspect of their identity, background or circumstance. In order to monitor our progress, we would be very grateful if you could complete the form below. You do not need to complete every section, and the details will be held completely anonymously.

Thank you very much indeed.

### AGE

Please select your age group from the choices below:

Up to 16 years	
16 to 25 years	
26 to 35 years	
36 to 45 years	
46 to 55 years	
56 to 65 years	
66 and older	

### RELIGION

Please choose one option below that best describes your religious beliefs:

No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion, please describe:	

## RACE

Please choose one option that best describes your ethnic group or background:

White English/Welsh/Scottish/Northern Irish/British	
White Irish	
White Gypsy or Irish Traveller	
Any other White background, please describe:	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed/Multiple ethnic background, please describe:	
Black African	
Black Caribbean	
Any other Black/African/Caribbean background, please describe:	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Arabic	
Any other ethnic group, please describe:	

## GENDER

To which gender identity do you most identify?

Male	
Female	
Other, please describe	

## SEXUAL ORIENTATION

Please choose one option below that best describes your sexual orientation:

Asexual	
Bisexual	
Gay	
Heterosexual	
Lesbian	
Pansexual	
Queer	
None of the above, please specify:	

## DISABILITY

Do you consider yourself to have a disability or long term health condition (mental health and/or physical health)?

Yes	
No	

Please return this form to [Nikki@rps.org](mailto:Nikki@rps.org) stating whether it is in connection with a specific job advertisement or project. Your responses will not be stored in connection with any identifying data.