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# 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.