

MONITORING FORM – BAME Leadership Programme

It is important for the Labour Party to monitor its selection process for programmes. Please complete this form, using an X to indicate the relevant information.

Name	
------	--

Title	Dr	Mx	Miss	Mr	Mrs	Ms
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age	14-29	30-39	40-49	50-59	60-69	70+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnic background - I would describe myself as (please tick one):	
White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other white background	<input type="checkbox"/>
Please specify	<input type="checkbox"/>
Mixed – White/Black Caribbean	<input type="checkbox"/>
Mixed – White/Black African	<input type="checkbox"/>
Mixed – White/Asian	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>
Please specify	<input type="checkbox"/>
Chinese or other ethnic group	<input type="checkbox"/>
Please specify	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
Please specify	<input type="checkbox"/>
Black or black British – Caribbean	<input type="checkbox"/>
Black or black British – African	<input type="checkbox"/>
Other black background	<input type="checkbox"/>
Please specify	<input type="checkbox"/>

What is your religion or belief?	
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Other	<input type="checkbox"/>
Please specify	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
No religion	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

What best describes your gender identity?	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Non- Binary	<input type="checkbox"/>
Other	<input type="checkbox"/>

Prefer not to say <input type="checkbox"/>	Prefer to self-describe as
Is your gender identity the same as the sex you were assigned at birth?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe as
Do you identify as trans?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe as
Do you identify as intersex?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe as

Sexuality - I would describe myself as (please tick one):
Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

Do you consider yourself to have a disability?
Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If yes, what additional support, if any, do you require?