London LGBTQ+ Community Centre

Diversity and Inclusion Monitoring Form

With funding from the London Marathon Foundation, the London LGBTQ+ Community Centre is launching a Scholarship Programme to fund two queer, trans and/or intersex people of colour (QTIPOC) looking to undertake either yoga teacher training or a Level 2 Gym Instructor Course.

This monitoring form is part of the application process to ensure that the Programme is reaching the people it's designed for.

If you need this form in another format, please email LMFscholarship@londonlgbtqcentre.org.

Name	
Pronouns	

GENDER IDENTITY

What is your gender identity? Please tick the appropriate box.

Woman		Man	
Non binary		Other	

If other, please specify:

Is your gender identity the same as assigned to you at birth?

Yes		No		Prefer not to say	

AGE

What is your age? Please tick the appropriate box.

18 – 24		35 – 39		50 – 54	
25 – 29		40 - 44		55 – 59	
30 – 34		45 - 49		60 – 64	
65+					

MARITAL STATUS

Single		Divorced		Widowed	
Married		Civil Partnership		Dissolved civil partnership	

SEXUAL ORIENTATION

Which of the following options best describes your sexual orientation?

Heterosexual/Straight		Bisexual	
Gay/Lesbian		Asexual	
Pansexual		Prefer not to say	

If other, please specify:

ETHNIC GROUP

Which category best describes your ethnicity? Please tick the appropriate box to indicate your ethnic background.

White	British		*Black or Black British*	Caribbean	
	Irish			African	
	Other white background			Other black background	
Mixed	White & Black Caribbean		*Asian or Asian British*	Indian	
	White & Black African			Pakistani	
	White & Asian			Bangladeshi	
	Other mixed background			Other Asian background	
Chinese			*Prefer not to say*		

If other, please specify:

DISABILITY

Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?

Yes		No		Prefer not to say	

If Yes, please indicate the nature of your disability:

Mobility/Manual Dexterity		Mental Health / Cognitive Impairment	
Visual Impairment		Learning Disability/Difficulty	
Hearing Impairment		Sensory Impairment	
Long-standing illness		Other (please specify below)	

If other, please give further information:

If yes, please advise of any reasonable adjustments you require for the purposes of volunteering with us:

RELIGION OR BELIEF

Which category best describes your religion or belief? Please tick the appropriate box.

Atheist		Buddhist		Christian	
Judaism		Hindu		Muslim	
Sikh		No Religion		Prefer not to say	

If other, please specify:

CARING RESPONSIBILITIES

Do you currently have caring responsibilities?

Yes		No		Prefer not to say	

If yes, please indicate the nature of your main caring responsibilities?

Child or minor dependant		Partner – marriage/civil		Parent	
Sibling/brother or sister		Partner - Other		Other (please specify)	

If other, please give further information:

SOCIO-ECONOMIC BACKGROUND

How would you describe your socio-economic background? (Please answer this based on your circumstances as a child, e.g., family income, housing, and employment.)

Middle Class		Upper Class	
Working Class		Prefer not to say	

If other, please give further information:

Why do we collect all this data?

The Scholarship Programme is designed for queer, trans and/or intersex people of colour. This form is to ensure the Programme reaches those it's designed for.

Please note that all the information provided will be retained electronically in accordance with the Data Protection Act 2018 and will not be shared with third-party organisations.

By signing this form, you give the London LGBTQ+ Community Centre consent to store the data as part of the recruitment process for the Scholarship Programme.

Signed:

By marking an 'X' I thereby confirm my signature

Date:

Thank you so much for taking the time complete this form.

The London LGBTQ+ Community Centre team