



Inclusion and Diversity Monitoring Form

Bledlow Ridge Cricket Club

Please help Bledlow Ridge Cricket Club by providing information on inclusion and diversity. All the information is strictly private and confidential and will only be used by us in an aggregated, anonymised format. We will use the information to review our activities and to consider what activities we may need to run to encourage people from many different local communities to get involved in the club. While completion of the inclusion and diversity monitoring form is optional we do hope that you will provide us with the information to assist us with our plan to be a club that is accessible to everyone. Thank you.



1. What is your sex? (please tick the relevant section)

- Male
- Female
- Prefer not to say

2. What is your ethnic group?

(Please choose one category and tick the appropriate section to indicate your ethnic group)

A. White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy / Traveller
- Any other white background - please state:

B. Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic group – please state:

C. Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Sri Lankan
- Any other Asian background – please state:

D. Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background – please state:

E. Other Ethnic Group

- Arab

Any other ethnic group – please state:

- Prefer not to say



3. What is your religion? (Please tick the appropriate box.)

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

- Prefer not to say

4. Disability

Do you consider yourself to be disabled as defined by the Equality Act 2010 as '*A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities*'?

- Yes
- No
- Prefer not to say

If yes, please indicate the type of impairment by ticking the appropriate box:

- Visual impairment
- Hearing impairment
- Physical impairment
- Learning impairment
- Mental health issues
- Any other impairment – please state:

Thank you for completing this form.