



## Equal Opportunities Monitoring Form

The West Midlands Institute of Psychotherapy aims to provide fair and equal access to membership of the Institute to ensure that all sectors of society are represented. You are requested to complete the Equal Opportunities Monitoring Form. The questions set out in this form help us to monitor the effectiveness of this policy by gaining a picture of all those applying for membership and the current membership body. They also help us to monitor how we are complying with equality law.

The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of 'protected characteristics'. We ask for information on your 'protected characteristics' in order to help us monitor our performance on equality.

A copy of our Equality Policy can be found here: [Statement of Equality and Diversity | WMIP](#)

In line with our equality policy, and in accordance with the provisions of the Data Protection Act 1998, the information you provide will be held confidentially and can only be used if you give us your consent.

The form will be kept separate from your application form and/or membership record and will not be seen by membership committee. Assessment of your suitability for membership is made purely on the information you give on the application form and your supporting information. We hope that this encourages you to complete the form.

<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I identify as _____
<b>Age:</b>	66+ <input type="checkbox"/> 56-65 <input type="checkbox"/> 46-55 <input type="checkbox"/> 36-45 <input type="checkbox"/> 26-35 <input type="checkbox"/> 25 & under <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Disability:</b>	<p>The Disability Discrimination Act as incorporated in Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.</p> <p>When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not being used or made.</p> <p>Taking this into account, do you consider yourself to be a disabled person?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p>

<p><b>Ethnic Origin:</b></p> <p>Which group do you identify with? Please tick one box.</p>	<p><b>ASIAN OR ASIAN BRITISH</b></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any Other Asian background (specify if you wish) <input type="checkbox"/></p> <hr/> <p><b>BLACK OR BLACK BRITISH</b></p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any Other Black background (specify if you wish) <input type="checkbox"/></p> <hr/> <p><b>MIXED</b></p> <p>Asian and White <input type="checkbox"/></p> <p>Black African and White <input type="checkbox"/></p> <p>Black Caribbean and White <input type="checkbox"/></p> <p>Any other Mixed Ethnic Background (specify if you wish) <input type="checkbox"/></p> <hr/> <p><b>WHITE</b></p> <p>British <input type="checkbox"/></p> <p>European <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other white background <input type="checkbox"/></p> <hr/> <p><b>ANY OTHER BACKGROUND</b></p> <p>Any other ethnic background (specify below if you wish) <input type="checkbox"/></p> <hr/> <p><b>Prefer not to say</b> <input type="checkbox"/></p>
<p><b>Sexual Orientation:</b></p> <p>Please indicate from the list which best describes your sexual orientation</p>	<p>Gay woman/Lesbian <input type="checkbox"/></p> <p>Gay Man <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Heterosexual/Straight <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>

<p><b>Religion:</b></p> <p>Please indicate from the list which best describes your religion or belief</p>	<p>No religion <input type="checkbox"/></p> <p>Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Any other religion (please specify below if you wish) <input type="checkbox"/></p> <p>_____</p> <p>Prefer not to say <input type="checkbox"/></p>
<p><b>Membership Status</b></p>	<p>Current Member <input type="checkbox"/> Applicant <input type="checkbox"/></p>
<p><b>Membership Category</b></p>	<p>Professional <input type="checkbox"/></p> <p>Clinical Associate <input type="checkbox"/></p> <p>Student <input type="checkbox"/></p> <p>Retired <input type="checkbox"/></p> <p>Affiliate <input type="checkbox"/></p>
<p><b>Consent:</b></p> <p>I hereby give my consent for the monitoring information provided on this form to be held on the computer or other relevant filing systems and to be shared with other accredited agencies (for instance to understand the diversity of membership of the UKCP or BPC) in the understanding that it will only be used for statistical purposes and handled in compliance with the Privacy Notice in line with the General Data Protection Regulations 2018.</p> <p>Full name _____</p> <p>Signed _____ Date _____</p> <p>Please check this box if you are filling in this form electronically to show that you read the declaration above <input type="checkbox"/></p>	