

# Equality, diversity and inclusion form

We have a strong commitment to equality, diversity and inclusion within the Faculty, and these principles are embedded into our values and the way we work. It is for this reason that we are working hard to create and foster the proper representation of ethnic minority, gender and other groups that share protected characteristics in the work of the Faculty and wider specialty. In order to achieve this we are conducting wide-ranging projects to obtain the necessary data to underpin a strategic, supportive and open approach to EDI.

To help us do this, we encourage you to complete the following questionnaire on ethnicity, diversity and inclusion as this data will help us:

- develop a more detailed picture of our membership profile so we can consider and address areas of under-representation
- better understand the needs of our Fellows, Members and stakeholders
- inform strategic planning and policy reform to improve equality, diversity and representation across our work
- assess the impact of our initiatives and;
- promote, develop and foster positive relations between different groups.

In line with the General Data Protection Regulation (GDPR), the Faculty will always keep your information safe and stored appropriately. Please see our Privacy Notice for further details ([www.rcoa.ac.uk/privacy](http://www.rcoa.ac.uk/privacy)). You can request for your data to be deleted if you change your mind.

The Faculty is determined to create a more inclusive environment at all levels where differences are valued and respected.

**PLEASE NOTE:** If you have provided the below information previously and your details have not changed, you are not required to complete this form.

College Reference Number (CRN):

Post applied for (if applicable):

## Questionnaire

**Your ethnicity** - The ethnic groups are based on the Census 2021 categories.

### Asian or Asian British

- Bangladeshi       Chinese       Indian       Pakistani
- Other

### Black or Black British

- African       Caribbean       Other

### Mixed

- White & Black African       White & Black Caribbean       White & Asian       Other

**White**

- |   |                                |                                   |  |
|---|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> British        | <input type="checkbox"/> Irish | <input type="checkbox"/> Scottish | <input type="checkbox"/> English         |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Welsh | <input type="checkbox"/> Gypsy    | <input type="checkbox"/> Irish Traveller |
| <input type="checkbox"/> Roma           | <input type="checkbox"/> Other |                                   |  |

**Other ethnic group**

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Any Other Ethnic Group |
|-------------------------------|---|

**Prefer not to disclose my ethnic group**

**Which best describes your gender**

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Female     | <input type="checkbox"/> Male                     | <input type="checkbox"/> Prefer not say |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Prefer to self-describe: |   |

**Do you identify as Trans?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not say |
|------------------------------|-----------------------------|---|

**Your religion or belief (please select the group you most identify with)**

- |   |                                    |  |  |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Buddhist                     | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu             | <input type="checkbox"/> Jewish                |
| <input type="checkbox"/> Muslim                       | <input type="checkbox"/> Sikh      | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> No religion or belief |
| <input type="checkbox"/> Any other religion or belief |                                    |  |  |

**Your sexual orientation**

- |                                   |  |                                    |                                       |
|-----------------------------------|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man           | <input type="checkbox"/> Gay woman | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Other    | <input type="checkbox"/> Prefer not to say |                                    |                                       |

<input type="checkbox"/> Prefer to self-describe:	<input type="text"/>
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**Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?**

The Equality Act 2010 protects people with disabilities. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

Yes                       No                       Prefer not to say

**Do you have carer responsibilities?**

Yes                       No                       Prefer not to say

**Is English your first language?**

Yes                       No                       Prefer not to say

Many thanks for taking the time to complete this form.

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