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| Advocacy Panel – application Equal opportunities monitoring formNovember 2022 |

**Equal opportunities monitoring form**

We are committed to involving people from all backgrounds, ethnicities, and age groups. To find out how well we are doing with this, we need to collect some monitoring data. This monitoring form is optional, but the information we collect here is very useful to us as it helps us to make sure that we are inclusive and reaching a wide range of people.

Your details are safe with us. We will never share them with anyone else. You can check out our Terms and Conditions and Privacy Policy at the bottom of the page on our website [**cancergrandchallenges.org**](https://cancergrandchallenges.org)

**How did you find out about this opportunity?**

[ ] Your Involvement Network

[ ] Cancer Grand Challenges website/ channels

[ ]  Cancer Research UK website/ channels

[ ]  NCI website/ channels

[ ]  Social media (please state):

[ ]  A friend recommended it to me

[ ]  Other (please state):

**Your gender**

[ ] Male [ ]  Female [ ]  Prefer not to say

[ ]  Transgender [ ]  Non-binary

**Your sexual orientation**

[ ]  Bisexual

[ ] Homosexual/gay

[ ]  Heterosexual/straight

[ ]  Queer, pansexual, and/or questioning

[ ]  Other (specify if you wish):

[ ]  Prefer not to say

**Your age**

[ ] 18-29 [ ]  30-39 [ ]  40-49 [ ]  50-59 [ ]  Over 60

[ ]  Prefer not to say

**Disability**

1. The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**Do you consider yourself to be disabled?**

[ ] Yes.

Please specify:

[ ] No

[ ] Prefer not to say

**If you’re a United States-based applicant, please fill out Section A. If you’re not based in the United States, please fill out Section B.**

**SECTION A**

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| **Your ethnic origin (US-based applicants)**These categories are based on the disaggregation of the OMB standard used in the American Community Survey (ACS) and the 2000 and 2010 Decennial Census (see the United States Department of Health and Human Services [website for more information](https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0)). |
| **Are you Hispanic, Latino/and, or Spanish Origin?** (One or more categories may be selected – please tick the relevant box/boxes or highlight the relevant category/categories in bold) |
| **Categories** |
| [ ]  *No, not of Hispanic, Latino/a, or Spanish origin* |
| [ ]  *Yes, Mexican, Mexican American, Chicano/a* |
| [ ]  *Yes, Puerto Rican* |
| [ ]  *Yes, Cuban* |
| [ ]  *Yes, Another Hispanic, Latino/a or Spanish origin* |

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| **Race Data Standard: What is your race? (One or more categories may be selected)** |
| **Categories** |
| [ ]  White |
| [ ]  Black or African American |
| [ ]  American Indian or Alaska Native |
| [ ]  Asian Indian |
| [ ]  Chinese |
| [ ]  Filipino |
| [ ]  Japanese |
| [ ]  Korean |
| [ ]  Vietnamese |
| [ ]  Other Asian |
| [ ]  Native Hawaiian |
| [ ]  Guamanian or Chamorro |
| [ ]  Samoan |
| [ ]  Other Pacific Islander |

**SECTION B (non-US-based applicants)**

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| **Your ethnic origin (non US-based applicants)**These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality. One or more categories may be selected – please tick the relevant box/boxes or highlight the relevant category/categories in bold. |
| **Asian**[ ]  Asian[ ]  Bangladeshi [ ]  Chinese[ ]  Indian [ ]  Pakistani [ ]  Other Asian background (specify if you wish):       | **White** [ ]  English, Welsh, Northern Irish, Scottish or British[ ]  Irish[ ]  European[ ]  Non-European [ ]  Gypsy or Irish Traveller [ ]  Roma[ ]  Other White background (specify if you wish):       |
| **Black**[ ]  African [ ]  Caribbean [ ]  Other Black, Black British, Black European or Caribbean background (specify if you wish):        | **Mixed** [ ]  White and Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  White and Chinese [ ]  Other mixed background (specify if you wish):        |
| **Other ethnic group**[ ]  Arab[ ]  Other ethnic group (specify if you wish):       | **Prefer not to say:** [ ]  |

Please return this form along with your application form. Our contact details: **info@cancergrandchallenges.org**