

Race Equality Change Agents Programme (RECAP) Application Cohort 2

Name:				Job Title:			
Email:				Telephone:			
Organisation:							
Type of Organisation you are from (Place a cross in the box that applied)							
Fire Service	<input type="checkbox"/>	Police	<input type="checkbox"/>	Education	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
NHS Commissioning Organisation	<input type="checkbox"/>	NHS Provider Trust	<input type="checkbox"/>	NHS Primary Care	<input type="checkbox"/>	Other NHS Service	<input type="checkbox"/>
Third Sector	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	Other	<input type="checkbox"/>
Boroughs Across Greater Manchester Your Organisation Covers (Tick all that apply)							
Bolton	<input type="checkbox"/>	Rochdale	<input type="checkbox"/>	Trafford	<input type="checkbox"/>	Salford	<input type="checkbox"/>
Bury	<input type="checkbox"/>	Stockport	<input type="checkbox"/>	Wigan	<input type="checkbox"/>	GM Wide	<input type="checkbox"/>
Oldham	<input type="checkbox"/>	Tameside	<input type="checkbox"/>	Manchester	<input type="checkbox"/>		

Name of Project:	
Outline the problem that led to the design of your project:	
Proposed project outcomes for your own organisation (add more rows as required)	
1.	
2.	
3.	
4.	
Proposed project outcomes for other organisations in Greater Manchester (add more rows as required)	
1.	
2.	
3.	
4.	

Please outline a description of your project proposal:
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Please explain in less than 200 words why you agree that Race Equality should be prioritised across GM in delivering a reduction in workplace inequalities?

Please explain In less than 200 words why you wanted to be on the Race Equality Change Agents Programme?

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Please confirm you have your managers approval to be on the programme	
Managers Name:	Job Role:
Email Address:	Telephone:

By completing this application you are confirming you are happy to attend at least 75% of the six-monthly academic learning days that will take place during the first six months of the Programme.

Equality Monitoring Form

We ask these questions to help ensure our programmes are as accessible and as inclusive as they can be. By answering you are giving permission for only the NCA EDI Team to have access to your identifiable information. All answers will be treated confidentially and any published data will be statistical and not identifiable without additional consent (Any blank fields will be treated as “prefer not to say” responses).

Please share your age in years?	
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Which of the following best describes your ethnic group?			
Arab		Black (African & Caribbean)	
Bangladeshi		Chinese	
Gypsy or Traveller		Indian	
Irish		Pakistani	
White (British, English, Northern Irish Scottish, Welsh,)		Mixed - White & Black African/Caribbean	
Mixed – White & Asian		Any other Asian Background	
Any other Black/African/Caribbean Background		Any other Mixed Ethnic Background	
Any other White background		Other Ethnicity Not Listed	

How would you describe your gender?			
Man (including trans man)		Non-binary	
Woman (including trans woman)		Other please specify:	

Is your gender the same as was assigned at birth?	Yes	No
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How would you describe your sexual orientation?				
Bisexual		Gay		Heterosexual
Lesbian		Pansexual		Other

Do you have a disability as defined by the Equality Act 2010? (Any health issue or impairment which is likely to last more than 12 months and impacts on your ability to carry out every day activities). Tick all that apply to you:			
No		Dyslexia/Dyspraxia	
Learning Disability		Long Term Health Condition	
Mobility		Other Physical Disability	
Sensory		Other	

Do you have any Religious or Spiritual Beliefs?							
Atheist/None		Christian		Hindu		Jewish	
Sikh		Buddhist		Muslim		Other	

Are you currently pregnant?	Yes	No
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Do you consider yourself to be a carer?	Yes	No
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Are you a care leaver? (aged under 25 & have been looked after by the local authority for 13 weeks or more since the age of 14)	Yes	No
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