**BAME (Black Asian Minority Ethnic) Network Group**

Membership Form

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |

|  |  |
| --- | --- |
| What gender do you identify with? |  |

|  |
| --- |
| Prefer not to say? *Please tick* 🞏 |

What ethnicity do you identify with? *Please tick*

|  |  |  |  |
| --- | --- | --- | --- |
| **WHITE** |  | **ASIAN/ASIAN BRITISH** |  |
| White English/ Scottish/ Welsh/ Northern Irish |  | Indian |  |
| White Irish |  | Pakistani |  |
| Gypsy or Irish Traveller |  | Bangladeshi |  |
| Any other White background |  | Chinese |  |
|  |  | Any other Asian background |  |
|  |  |  |  |
| **BLACK OR BLACK BRITISH** |  | **MIXED** |  |
| Caribbean |  | White and Black Caribbean |  |
| African |  | White and Black African |  |
| Any other Black background |  | White and Asian |  |
|  |  | Any other mixed/ multiple ethnic group |  |
|  |  |  |  |
| **OTHER ETHNIC GROUP** |  | **PREFER NOT TO STATE** |  |
| Any other ethnic group |  |  |  |

Place of Work

Contact Number

E-Mail Address

Division

Please email ekhuft.bame@nhs.net