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| **Equality, Diversity and Inclusion Steering Committee**  **MEMBERSHIP EXPRESSION OF INTEREST FORM** | | |
| **Please complete this form as fully as possible to enable us to assess suitability for the**  **EDI Steering Committee/EDI Network Group Membership** | | |
| **Full Name:** |  | |
| [**Pronouns**](https://www.mypronouns.org/what-and-why) **you want people to use to refer to you (e.g. he/she/they etc):** |  | |
| **Job Title:** |  | |
| **Business Unit:** |  | |
| **Location:** |  | |
| **Line Manager:** |  | |
| **Date of application:** |  | |
| **Interested in becoming an EDI Network Group Member?**  **Please highlight the ‘Y’ next to the role you would like within the group:**  \*Please refer to **the Terms of Reference** for further details of the responsibilities of each role. | Y/N | **EDI Network Chair** |
| Y/N | **EDI Network or Support Group Member** |
| Y/N | **EDI Ally** |
| **Why do you want to join the EDI Network or Support Group?** | | |
|  | | |
| **What do you feel you can add to the EDI Network Group and the EDI agenda?** | | |
|  | | |
| **Please highlight which EDI Network Group you would like to join from the list of options below**  \*In order to help drive the EDI Action Plan, you will only be able to join **one** EDI Network Group at a time (which you could change at a later date) as an EDI Network Group Member.  You can be an ally for **one** of the other EDI Network Group if you choose. | | |
| * **Age EDI Network** * **Health and Wellbeing** **EDI Network** which covers all aspects of health and wellbeing including disability, physical and mental health. We also have the following subgroups which you may be interested in joining:   + - **Menopause Support Group via Teams**     - **Mental Health Champion Support Group**     - **Neurodiversity Support Group via Teams**     - **Neurodiversity Champion Support Group** * **LGBTQ+ EDI Network** * **Military Veterans and Reservist EDI Network** * **Parents and Carers EDI Network** * **Race (known as EmbRace) EDI Network** * **Religion and Faith EDI Network** * **Women EDI Network** * Ally – please indicate which EDI Network Group you would like to be involved in……………………………………………… | | |
| Please note it is important that the line manager has approved the time (see TOR and EDI Network Chair Profile for further detail) to undertake the role as the **EDI Network Chair** for the EDI Network Group so that they understand the additional commitment required to support this agenda. The EDI Network Chair should agree to create an individual objective regarding their contribution towards progressing the EDI Action Plan and activities can be recognised as part of meetings with managers and the annual performance review and development (PRD) process. | | |
| **Name of line manager: Date approved:** | | |
| Please submit your completed application to [cheryl.madden@growthco.uk](mailto:cheryl.madden@growthco.uk) | | |