



Bronze Diversity Mark

Accreditation Application

Organisation name	
Contact name & job role	
Email address	
Telephone number	
Company name on certificate	

Organisation Overview (Maximum 150 words)

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Date that you joined DMNI	Month/Year
Application Submission Date	Month/Year

Please [click here](#) to access DMNI Application Guidance Notes

We recommend reviewing the guidance notes before and after completing your accreditation application

Gender Diversity Breakdown

- Please complete the 'Company Gender Breakdown' table provided and return it along with your completed application
- Provide any relevant comments below on your gender breakdown by role

Maximum of 100 words in each box

Board

Senior Management

Managers

Graduates/Apprentices

All other roles



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Diversity Mark**

Company Gender Breakdown Table									
Company Name			Total	Number of Men	Men %	Number of Women	Women %	Number Trans / non binary	Trans / non-binary %
Date									
Board Level	Base	Exec.	0		0%		0%		0%
		Non-Exec.	0		0%		0%		0%
		Total	0	0	0%	0	0%	0	0%
Senior Managers	Base	FT	0		0%		0%		0%
		PT	0		0%		0%		0%
		Total	0	0	0%	0	0%	0	0%
Line Managers	Base	FT	0		0%		0%		0%
		PT	0		0%		0%		0%
		Total	0	0	0%	0	0%	0	0%
Graduates and/or apprentices	Base	FT	0		0%		0%		0%
		PT	0		0%		0%		0%
		Total	0	0	0%	0	0%	0	0%
All other roles	Base	FT	0		0%		0%		0%
		PT	0		0%		0%		0%
		Total	0	0	0%	0	0%	0	0%
Totals	Base	FT	0	0	0%	0	0%	0	0%
		PT	0	0	0%	0	0%	0	0%
		Total	0	0	0%	0	0%	0	0%

Base = your data submitted on the first Bronze application



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Why have you applied for the Diversity Mark accreditation / Why is Diversity and Inclusion important to your organisation? (Max 150 words)

The Charter requires you to appoint one member of your senior executive team at Board level to be responsible and accountable for diversity and inclusion

Please name this person and their job role, or indicate if this is planned within a target

Does your organisation already have an effective Equality, Diversity, and Inclusion Strategy in place? If so, please advise the details below.

You can include a link to your strategy or relevant company website page (if applicable)

If you do not have an effective Equality, Diversity and Inclusion Strategy in place, development (or refreshment) of your strategy should be your first target in this application

GENDER DIVERSITY TARGET

Target 1

Target:

Date to be achieved

MONTH/YEAR (at least a year from now)

What is your rationale for selecting this target?

Please use bullet points

How will you achieve this target?

Maximum 400 words

Please use bullet points

Planned activities

Actions / Milestones	By When?	Who?
1)		
2)		
3)		
4)		
5)		
6)		

VISION

Maximum 400 words

What will good look like?

How will you continue to measure success?

What is your long-term aspiration of the impact of this target on your company gender diversity?

Target Assessment Feedback

GENDER DIVERSITY TARGET

Target 2

Target:

Date to be achieved

MONTH/YEAR (at least a year from now)

What is your rationale for selecting this target?

Please use bullet points

How will you achieve this target?

Maximum 400 words

Please use bullet points

Planned activities

Actions / Milestones	By When?	Who?
1)		
2)		
3)		
4)		
5)		
6)		

VISION

Maximum 400 words

What will good look like?

How will you continue to measure success?

What is your long-term aspiration of the impact of this target on your company gender diversity?

Target Assessment Feedback

GENDER DIVERSITY TARGET

Target 3

Target:

Date to be achieved

MONTH/YEAR (at least a year from now)

What is your rationale for selecting this target?

Please use bullet points

How will you achieve this target?

Maximum 400 words

Please use bullet points

Planned activities

Actions / Milestones	By When?	Who?
1)		
2)		
3)		
4)		
5)		
6)		

VISION

Maximum 400 words

What will good look like?

How will you continue to measure success?

What is your long-term aspiration of the impact of this target on your company gender diversity?

Target Assessment Feedback

Please use the box below to inform the independent panel of anything further that you feel is relevant to this application

Please use bullet points

Chair or Chief Executive Signature

Name & Job Role

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**Bronze
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Overall Independent Assessment Feedback

Organisation Name	
Assessment Date	
Outcome	<ul style="list-style-type: none">▪ Further information or clarification required to be reviewed at the next assessment▪ Bronze Diversity Mark awarded – in place for 12 months