

Equality Monitoring Form

Please tick or if using a computer, double click the box of your choice and select the checked option.

How would you describe your gender?

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer to self-describe as _____		

Transgender - is your gender identity different to the sex you were assumed to be at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Pregnancy and Maternity

<input type="checkbox"/> I am pregnant	<input type="checkbox"/> I have given birth within the last 26 weeks
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Prefer not to say

What is your age?

<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 26 - 35
<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55	<input type="checkbox"/> 56 - 65
<input type="checkbox"/> 66 - 75	<input type="checkbox"/> 76 - 85	<input type="checkbox"/> 86 +
<input type="checkbox"/> Prefer not to say		

What is your sexual orientation?

<input type="checkbox"/> Bisexual (both sexes)	<input type="checkbox"/> Heterosexual/straight (opposite sex)	<input type="checkbox"/> Gay woman/ Lesbian (same sex)
<input type="checkbox"/> Gay man (same sex)	<input type="checkbox"/> Pansexual	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer to self-describe as _____		

Do you consider yourself to belong to any religion?

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Judaism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Other (please state)		

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed/ multiple Ethnic groups	White	Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Asian & White	<input type="checkbox"/> British	<input type="checkbox"/> Arab
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black African & White	<input type="checkbox"/> Gypsy/Traveller	<input type="checkbox"/> Latin X
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other	<input type="checkbox"/> Black Caribbean & White	<input type="checkbox"/> Irish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
If any other ethnic background, please state here:			<input type="checkbox"/> Prefer not to say	

Do you consider yourself to have a disability? Please tick all that apply

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

<input type="checkbox"/> Long standing illness or health condition e.g. cancer, diabetes, HIV, etc		
<input type="checkbox"/> Learning disability/difficulty	<input type="checkbox"/> Mental Health condition	<input type="checkbox"/> Physical or mobility
<input type="checkbox"/> Hearing	<input type="checkbox"/> Visual	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Prefer not to say		

Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Thank you