**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?**

|  |  |  |
| --- | --- | --- |
| [ ]  Female | [ ]  Male | [ ]  Prefer not to say |
| [ ]  Prefer to self-describe as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

**Pregnancy and Maternity**

|  |  |
| --- | --- |
| [ ]  I am pregnant | [ ]  I have given birth within the last 26 weeks |
| [ ]  Not applicable | [ ]  Prefer not to say |

**What is your age?**

|  |  |  |
| --- | --- | --- |
| [ ]  Under 18 | [ ]  18 - 25 | [ ]  26 - 35 |
| [ ]  36 - 45 | [ ]  46 – 55 | [ ]  56 - 65 |
| [ ]  66 – 75 | [ ]  76 - 85 | [ ]  86 + |
| [ ]  Prefer not to say |  |  |

**What is your sexual orientation?**

|  |  |  |
| --- | --- | --- |
| [ ]  Bisexual (both sexes) | [ ]  Heterosexual/straight (opposite sex) | Gay woman/ Lesbian (same sex) |
| [ ]  Gay man (same sex) | [ ]  Pansexual | [ ]  Prefer not to say |
| [ ]  Prefer to self-describe as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Do you consider yourself to belong to any religion?**

|  |  |  |
| --- | --- | --- |
| [ ]  Buddhism | [ ]  Christianity | [ ]  Hinduism |
| [ ]  Islam | [ ]  Judaism | [ ]  Sikhism |
| [ ]  No religion | [ ]  Prefer not to say |  |
| [ ]  Other (please state)  |

**What is your ethnic background?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian, or** **Asian British** | **Black, or****Black British** | **Mixed/ multiple****Ethnic groups** | **White** | **Other** |
| [ ]  Chinese | [ ]  African | [ ]  Asian & White | [ ]  British | [ ]  Arab |
| [ ]  Indian | [ ]  Caribbean | [ ]  Black African & White | [ ]  Gypsy/Traveller | [ ]  Latin X |
| [ ]  Pakistani | [ ]  Other | [ ]  Black Caribbean & White | [ ]  Irish | [ ]  Vietnamese |
| [ ]  Other |  | [ ]  Other | [ ]  Other | [ ]  Other |
| If any other ethnic background, please state here:  | [ ]  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'.

|  |
| --- |
| [ ]  Long standing illness or health condition e.g. cancer, diabetes, HIV, etc |
| [ ]  Learning disability/difficulty | [ ]  Mental Health condition | [ ]  Physical or mobility |
| [ ]  Hearing | [ ]  Visual | [ ]  Other (please state) |
| [ ]  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?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

**Thank you**