**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**