**Equality Monitoring Form**

|  |
| --- |
| [ ] Under 18 |
| [ ] 19-35 |
| [ ] 36-50 |
| [ ] 51-65 |
| [ ] 66+ |

**You do not have to answer these questions, but your responses help us understand how we are doing in reaching and including diverse communities. All information will be kept confidential and anonymised.**

**Please tick or if using a computer, double click the box of your choice.**

 **What is your age?**

**Which of the following best describes your gender?**

|  |  |  |
| --- | --- | --- |
| [ ]  Male | [ ]  Female | [ ]  Non-binary |
| Prefer to self-describe as:  |
| [ ]  Prefer not to say |

**Gender Identity**

Is your gender identity the same as the sex you were assigned at birth.

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

**Which of the following best describes your sexual orientation?**

|  |  |  |
| --- | --- | --- |
| [ ]  Heterosexual/straight | [ ]  Bi/bisexual  | [ ]  Gay man |
| [ ]  Lesbian/ Gay woman  | [ ]  Prefer not to say |
| [ ]  Prefer to self-describe as: |

**Do you consider yourself to have a disability?**

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'.

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

**If yes, please tick all that apply**

|  |
| --- |
| [ ]  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 |

**What is your ethnic background?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian, or** **Asian British** | **Black, or****Black British** | **Mixed/ multiple****Ethnic groups** | **White** | **Other** |
| [ ]  Chinese | [ ]  African | [ ]  Asian & White | [ ]  British/ English/ Northern Irish/ Scottish/ Welsh | [ ]  Arab |
| [ ]  Indian | [ ]  Caribbean | [ ]  Black African & White | [ ]  Irish | [ ]  Latin  |
| [ ]  Pakistani | [ ]  Other | [ ]  Black Caribbean & White | [ ]  Gypsy/Traveller/ Irish Traveller | [ ]  Vietnamese |
| [ ]  Bangladeshi |  | [ ]  Other  | [ ]  Roma | [ ]  Other |
| [ ]  Other |  |  | [ ]  Other |  |
| If any other ethnic background, please state here:  |
| [ ]  Prefer not to say |

**What is your religion or belief?**

|  |  |  |
| --- | --- | --- |
| [ ]  Atheist  | [ ]  Christian | [ ]  Hindu |
| [ ]  Muslim | [ ]  Jewish | [ ]  Sikh |
| [ ]  Buddhist  | [ ]  No religion | [ ]  Prefer not to say |
| [ ]  Other (please state)  |

**Caring Responsibilities**

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

|  |  |  |
| --- | --- | --- |
| [ ]  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 |

**Thank you**