

Voscur Equalities Monitoring Form

1. Race and Ethnicity

Choose one section from A - E then tick the appropriate box to indicate your cultural background

A) White	B) Dual Heritage	C) Asian or Asian British	D) Black or Black British	E) Chinese or Other Ethnic Group
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	
Irish Traveller <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Somali <input type="checkbox"/>	
Roma / Gypsy <input type="checkbox"/>				
Any other White background <input type="checkbox"/> Please state	Any other mixed background <input type="checkbox"/> Please state	Any other Asian background <input type="checkbox"/> Please state	Any other Black background <input type="checkbox"/> Please state	Any other ethnic group <input type="checkbox"/> Please state

Prefer not to answer

2. Gender

Please tick:

Male

Female

Prefer not to answer

3. Transgender

Please tick:

Yes No Prefer not to answer

4. Age

Please tick:

Under 18 19 – 25

26 – 39 40 – 50

51 – 64 65 or over

Prefer not to answer

Voscur Equalities Monitoring Form (continued)

5. Sexual Orientation

Please tick:

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| Lesbian or Gay | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |

6. Disability

Disabled people include people who: have a physical or sensory impairment; have learning difficulties; experience mental health and emotional distress; have conditions such as cancer, HIV or diabetes.

Please tick:

- | | |
|-------------------------------------|--------------------------|
| Hearing impairment | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> |
| Mobility impairment | <input type="checkbox"/> |
| Physical co-ordination difficulties | <input type="checkbox"/> |
| Reduced physical capacity | <input type="checkbox"/> |
| Severe disfigurement | <input type="checkbox"/> |
| Progressive illness | <input type="checkbox"/> |
| Learning difficulties | <input type="checkbox"/> |
| Mental illness | <input type="checkbox"/> |
| Unknown disability | <input type="checkbox"/> |
| Non-disabled | <input type="checkbox"/> |
| Prefer not to answer | <input type="checkbox"/> |

7. Faith: how would you describe your Religion and/or Belief?

Please tick:

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| Christian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Don't know / not sure | <input type="checkbox"/> |
| Other faith, religion or belief (please state) | | | |
| Prefer not to answer | <input type="checkbox"/> | | |

Please be assured that this information is held anonymously (unless otherwise stated) and cannot be traced to you individually.

**If you would like to discuss this form please contact us on:
0117 909 9949 / www.voscur.org**

Voscur
Thank you for your help