**Equalities Monitoring Form**

If there is anything not included on this sheet please state it in any ‘other’ section so we can update the form to ensure maximum inclusivity.

**AGE**

What is your age? Please mark ‘X’ in one box only

|  |  |
| --- | --- |
| 16 - 24 |[ ]  25 - 34 |[ ]
| 35 - 44 |[ ]  45 - 54 |[ ]
| 55 - 64 |[ ]  65 - 74 |[ ]
| 75 + |[ ]  Prefer not to say |[ ]

**CARING RESPONSIBILITIES**

Do you have any caring responsibilities? Please mark ‘X’ in the appropriate box.

|  |  |
| --- | --- |
| Yes |[ ]  No |[ ]
| Don’t know |[ ]  Prefer not to say |[ ]

If you answered yes please tick all that apply

|  |  |
| --- | --- |
| Caring for children (under 16) |[ ]  Caring for an elderly person |[ ]
| Caring for a disabled person |[ ]  Prefer not to say |[ ]
| Other, please state, |[ ]

**DISABILITY**

A disabled person is defined under the Equality Act 2010 as someone with a ‘**physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities**.’

Do you consider yourself to be disabled? Please mark ‘X’ in the appropriate box.

|  |  |
| --- | --- |
| Yes |[ ]  No |[ ]
| Don’t know |[ ]  Prefer not to say |[ ]

If you answered yes please tick all that apply

|  |  |
| --- | --- |
| Learning or Cognitive Impairment |[ ]  Long Standing Illness or Health Condition |[ ]
| Hearing Impairment |[ ]  Mental Health Condition |[ ]
| Physical Impairment |[ ]  Sight Impairment |[ ]
| Speech Impairment |[ ]  Prefer not to say |[ ]
| Other, please state  |[ ]

**ETHNIC ORIGIN**

How would you describe your ethnicity? Please mark ‘X’ in the appropriate box.

|  |
| --- |
| **Asian or Asian British** |
| Indian |[ ]  Bangladeshi |[ ]
| Pakistani |[ ]  Chinese |[ ]
| Japanese |[ ]   |
| Other, please state |[ ]
| **Black or Black British** |
| Caribbean |[ ]  African |[ ]
| Somali |[ ]   |
| Other, please state |[ ]
| **Mixed/Multiple ethnic groups** |
| White/Asian |[ ]  White/Black African |[ ]
| White/Black Caribbean |[ ]  White/Chinese |[ ]
| Other, please state |[ ]
| **Other Ethnic Group** |
| Arab |[ ]  Iranian |[ ]
| Iraqi |[ ]  Kurdish |[ ]
| Turkish |[ ]  Syrian |[ ]
| Other, please state |[ ]
| **White** |
| British |[ ]  Irish |[ ]
| English |[ ]  Welsh |[ ]
| Scottish |[ ]  Gypsy or Irish Traveller |[ ]
| European |[ ]   |
| Other, please state |[ ]
| **Prefer not to say** |[ ]
| **Unknown** |[ ]

**GENDER**

What is your gender? Please mark ‘X’ in the appropriate box.

|  |  |
| --- | --- |
| Female |[ ]  Male |[ ]
| Non-binary |[ ]  Transgender (F-M) |[ ]
| Transgender (M-F) |[ ]  Prefer not to say |[ ]
| Other, please state |[ ]

**RELATIONSHIP STATUS**

What is your relationship status? Please mark ‘X’ in the appropriate box.

|  |  |
| --- | --- |
| Divorced |[ ]  In a Relationship |[ ]
| Married/Civil Partnership |[ ]  Separated |[ ]
| Single |[ ]  Widowed |[ ]
| Unknown |[ ]  Prefer not to say |[ ]
| Other, please state |[ ]

**RELIGION OR BELIEF**

What is your religion or belief (including non-belief)? Please mark ‘X’ in the box below as appropriate.

|  |  |
| --- | --- |
| Atheist |[ ]  Buddhist |[ ]
| Christian |[ ]  Hindu |[ ]
| Jewish |[ ]  Muslim |[ ]
| None |[ ]  Sikh |[ ]
| Spiritual |[ ]  Prefer not to say |[ ]
| Other, please state |[ ]

**SEXUAL ORIENTATION**

What is your sexual orientation? Please mark ‘X’ in the appropriate box.

|  |  |
| --- | --- |
| Asexual |[ ]  Bisexual |[ ]
| Gay |[ ]  Heterosexual (straight) |[ ]
| Lesbian |[ ]  Pansexual |[ ]
| Queer |[ ]  Prefer not to say |[ ]
| Other, please state |[ ]