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| **A picture containing logo  Description automatically generated****Equality and Diversity Monitoring** |
| All information given will be used for Healthwatch monitoring purposes and will remain confidential. This form will be separated upon receipt and will not be identifiable to any individual.Healthwatch wants to be representative of all sections of the community. By completing our monitoring form you will help us to ensure we achieve this.Please tell us about yourself by ticking the appropriate boxes.  |
| **Age**17 or under [ ] 18 – 25 [ ] 26 – 39 [ ] 40 – 49 [ ] 50 – 59 [ ] 60 – 69 [ ] 70 or over [ ] |
| **Gender**Male [ ] Female [ ] Transgender [ ] |
| **Sexual Orientation**Bisexual [ ] Gay Man [ ] Heterosexual [ ] Lesbian [ ]Prefer not to specify [ ] |
| **Working Status (You may tick more than one box)**Employed full time (35 hours or more per week) [ ] Part Time [ ]Student [ ] Retired [ ] Carer [ ] Unemployed [ ] Unable to work due to long term sickness [ ]  |
| **Household Income**Less than £10,000 [ ] £10,001 - £15,000 [ ] £15,001 - £25,000 [ ] £25,000 - £35,000 [ ] £35,000+ [ ]  |
| **Living Situation**Living Alone [ ] Living with spouse [ ] Living with partner [ ] Living with dependent child(ren) [ ] Living with other family members [ ] Living with non-relatives [ ] Homeless [ ] |
| **Ethnic Origin** |
| **White**BritishIrishEuropeanOther**Gypsy, Roma and travelling**  |  [ ][ ] [ ][ ][ ]  | **Black or Black British**AfricanCaribbeanOther | [ ][ ][ ] |
| **Asian or Asian British**IndianPakistaniBangladeshiChineseOther Other Ethnic Group(please specify) | [ ][ ][ ][ ][ ][ ] | **Dual or Multiple Heritage**White and AsianWhite and Black AfricanWhite and Black CaribbeanOther dual or multiple heritage | [ ][ ][ ][ ] |
|  |  |  |  |
| **Religion/Faith**Buddhist [ ] Christian [ ] Hindu [ ] Jewish [ ] Muslim [ ] Sikh [ ] None [ ] Other [ ] (please specify)  |

**Disability**

Would you say you have a disability as defined by the Equality Act 2010 - “A physical or mental impairment that has a substantial and long term effect on your ability to do normal daily activities” Yes [ ] No [ ]

**Health**

Would you say you have a mental health condition? Yes [ ] No [ ]

Would you say you have a long-term illness or condition? Yes [ ] No [ ]

Would you say you have problems with drug and/or alcohol addiction?

Yes [ ] No [ ]

**Many thanks for completing this questionnaire**