**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 |  | 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 under the Equality Act 2010? 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**

**Please write your Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 | | |  |

**PREGNANCY**

Are you pregnant? Please mark ‘X’ in the appropriate box.

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

**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 | | |  |