A pink and grey text on a black background

Description automatically generated

**Equality and Diversity Monitoring Form**

We would be very grateful if you would provide the following information.

It will only be used to monitor the effectiveness of our equality and diversity policy.

|  |
| --- |
| Ethnicity |
| How would you describe your ethnicity? |
| ​​☐ ​Asian – Indian  ​​☐ ​Asian – Pakistani  ​​☐ ​Asian – Bangladeshi  ​​☐ ​Asian – Chinese  ​​☐ ​Asian – Filipina/Filipino  ​​☐ ​Asian – Any other Asian  ​​☐ ​Black – African  ​​☐ ​Black – Caribbean  ​​☐ ​Black – Any other Black background  ​​☐ ​Middle Eastern – Arab  ​​☐ ​Middle Eastern – Any other Middle Eastern background  ​​☐ ​Mixed – White and Black Caribbean  ​​☐ ​Mixed – White and Black African  ​​☐ ​Mixed – White and Asian  ​​☐ ​Mixed – Any other Mixed/Multiple ethnic background  ​​☐ ​White – British  ​​☐ ​White – Irish  ​​☐ ​White – Gypsy or Irish Traveller  ​​☐ ​White – Any other White background  ​​☐ ​Prefer not to say |
| Gender |
| What is your sex? |
| Male  Female  Prefer not to say |
| Is your gender identity the same as your sex registered at birth? |
| ☐ Yes  ☐ No  ☐ Prefer not to say |
| Sexual orientation |
| Which of the following best describes your sexual orientation? |
| Heterosexual  Gay or Lesbian  Bisexual  Prefer not to say  Other |
| Age |
| What is your age group? |
| ☐​ Between 18 - 24  ​​☐​ Between 25 - 30  ​​☐​ Between 31 - 40  ​​☐​ Between 41 - 50  ​​☐​ Between 51 - 55  ​​☐​ Between 56 - 60  ​​☐​ Between 61 - 65  ​​☐​ Between 66 - 70  ​​☐​ Between 71 - 75  ​​☐​ Above 75  ​​☐​ Prefer not to say |
| Religion |
| Buddhist  Christian  Hindu  Sikh  Jewish  Muslim  No religion  Other, please specify:  Prefer not to say |
| Disability |
| Do you consider yourself to have a disability or long-term health condition? |
| Yes  No  Prefer not to say |
| Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? |
| Yes, a lot  Yes, a little  Not at all |