

**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 |