

Equality Monitoring Form

Residency (please provide your postcode)

eg

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M 6 5 L X

Prefer not to say

Age (please provide your date of birth)

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Day Month Year
eg 30 08 1965

Prefer not to say

Disability (do you have a disability?)

Please tick **one** box

Yes

No

Prefer not to say

Gender Reassignment (is your gender identity the SAME as the gender you were assigned at birth?)

Please tick **one** box

Yes

No

Prefer not to say

What is your preferred title? Please tick **one** box or state your title

Mr

Ms

Mrs

Miss

Mx

Other:
eg Dr

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Marital Status (please indicate your marital status)

Please tick **any that apply**

Never married and never registered in a same-sex civil Partnership

Widowed

Surviving partner in a same-sex civil partnership

Married

In a registered same-sex civil partnership

Living with partner

Separated, but still legally married

Separated, but still legally in a same-sex civil partnership

Single

Divorced

Formerly in a same-sex civil partnership

Prefer not to say

Pregnancy and Maternity

(Are you pregnant?) Please tick **one** box

Yes

No

Prefer not to say

Have you given birth to, or adopted, a child in the last 26 weeks? Please tick **one** box

Yes

No

Prefer not to say

Race (please indicate your race / ethnic identity)

Please tick **one** box

White

White British

White Irish

Gypsy/Roma

Traveller of Irish Heritage

Polish

Other White European

Other White

Mixed

White & Black Caribbean

White & Black African

White & Indian

White & Asian

White & Pakistani

White & Bangladeshi

Other mixed background

Black / Black British

Black British

Caribbean

African

Somali

Other Black

Asian / British Asian

Indian

Pakistani

Bangladeshi

Kashmiri

Other Asian

Other Ethnic Group

Chinese

Yemeni

Arabic

Any other ethnic group (eg Gypsy, Roma, Traveller) Please state below

Unknown

Prefer not to say

Religion / Belief (please indicate your religion, faith or belief)

Please tick **one** box

Buddhist

Christian

Hindu

Jewish

Muslim

No Religion

Sikh

Other

Prefer not to say

Sex or Gender (please indicate your gender)

Please tick **one** box

- Male Female Prefer not to say
-

Sexual Orientation (please indicate your sexual identity)

Please tick **one** box

- Bisexual Gay man Other
 Heterosexual / Straight Gay woman / Lesbian Prefer not to say
-

Caring responsibility (do you have a caring responsibility?)

Please tick **any that apply**

- No Prefer not to say
 Care for young person/s aged less than 25 years of age Care for adult/s aged 25 to 49 years of age Care for older person/s aged 50 years or older
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Why are we asking you for this information?

We are committed to supporting all our communities and providing our services to everyone fairly and with respect. To make sure we do this we need to collect information and we need to ask the questions below. **You do not have to fill in this questionnaire, but it will assist us to offer better services.**

All your information is treated confidentially; we protect your information and only use it in such a way so that no one can be identified. We will always follow the laws that protect against its misuse such as the Data Protection Act 1998.

Thank you for taking the time to fill it in.