



Equality Monitoring Form

Explanation of terms

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.

Residency

Do you live in Salford? If so, please provide your postcode, for example M6 5LX

Age

Please give us your date of birth, for example, 30 | 08 | 1965

Disability

Do you have a physical or mental condition that has a substantial and long term effect on your ability to carry out normal day to day activities? For example, restricting the range of tasks you can complete; the time taken, or, the way in which they are completed?

Examples include:

- sensory impairments, such as those affecting sight or hearing or speech ;
- a learning disability such as dyslexia, dyspraxia or
- a mental health condition such as depression, bi-polar disease; ADHD; anxiety or stress;
- impairments with fluctuating or recurring effects such as rheumatoid arthritis, diabetes, myalgic encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, depression or epilepsy;
- progressive impairments, such as motor neurone disease, muscular dystrophy, or forms of dementia;
- auto-immune conditions such as systemic lupus erythematosus (SLE) or hyperthyroidism;

- organ specific impairments, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke or heart disease;
- cancer, HIV infection or multiple sclerosis (MS).

Gender Reassignment

Is your gender identity the same as the gender you were assigned at birth?

For example, answer 'Yes' if you were born a boy and are now a man, or you were born a girl and you are now a woman.

Answer 'No' if you were born a boy and you are now a woman or were born a girl and you are now a man

Tick the title by which you like to be known.

Marriage and Civil Partnership

Are you single or in a relationship? If you are in a relationship then what type is it? Please tick any that apply (For example, you have never married and are single, or you have never married and living with a partner)

Married / Separated: where two people live together as a couple by legal commitment. If you are a man then you may be married to a woman or another man; if you are a woman then you may be married to a man or another woman. If you are no longer living together in a relationship then you are separated.

Divorced / Widowed: these apply to a man who was married to a woman or another man; or a woman who was married to a man or another woman; and you are no longer legally committed or your husband or wife has died.

Civil partnership: this is different to marriage. It is only for men who have a legally recognised union with another man or for a woman who has a legally recognised union with a woman.

Living with a partner: this is when you are in a relationship and live with someone but you have not taken a legal commitment (you are not married or in a same-sex civil partnership). As a man your partner may be a woman or another man; for a woman your partner may be a man or another woman. This does not include sharing a flat or house with a friend or family relation such as a son, daughter or parent.

Pregnancy and Maternity

Are you pregnant and expecting a baby?

Have you given birth to, or have you adopted, a child in the last 26 weeks? Please note this applies to mothers and fathers.

Race and Ethnicity

This refers to your colour, nationality (including citizenship) and ethnic or national origins.

Religion and Belief

Do you believe in any faith? If so, please tell us which one? If you do not have a religion or faith, please tick 'No Religion'

Sex or Gender

Are you a man (male) or a woman (female)?

Sexual Orientation / Identity

Who you are sexually attracted to?

Bisexual: when you are sexually attracted to both men and women.

Heterosexual / Straight: when a woman is sexually attracted to a man or a man is sexually attracted to a woman.

Gay man: when a man is sexually attracted towards another man.

Gay woman / Lesbian: when a woman is sexually attracted towards another woman

Caring Responsibility

Do you look after someone who is not able to look after themselves? Is there anyone who relies upon you for care and attention and that you assist with their daily routine? Please tell us how old the person/s are that you care for (for example, you care for an elderly relative who is older than 50 years of age).

Note. This is does not include being a parent of a child, unless that child requires additional support and care.