 Equality and diversity monitoring form

This form includes questions on age, ethnicity, disability etc. By completing these sections you will be providing additional information that Disability Advice Project will find useful in improving its services. The information is strictly confidential and will only be used for statistical and monitoring purposes. We will not make it available to third parties in accordance with the Data Protection Act (1988).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | Man | Woman | Non-binary | Prefer not to say |
|  |  |  |  |  |

If you prefer to use your own term, please specify here Click here to enter text.

Age 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in: Click here to enter text.

Mixed/multiple ethnic groups

White & Black Caribbean  White & Black African  White & Asian  Prefer not to say

Any other mixed background, please write in: Click here to enter text.

Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in: Click here to enter text.

Black/ African/ Caribbean/ Black British

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in: Click here to enter text.

Other ethnic group

Arab  Prefer not to say

Any other ethnic group, please write in: Click here to enter text.

Do you consider yourself to have a disability or health condition?

Yes  No  Prefer not to say

If so please state what type of disability or health condition: Click here to enter text.

What is your sexual orientation?

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say  If you prefer to use your own term, please specify here: Click here to enter text.

What is your religion or belief?

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in: Click here to enter text.

Do you have caring responsibilities? If yes, please tick all that apply

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say