 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 [x]  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 [ ]