

Equality Monitoring Form



Please help us to provide better services for everyone by completing this form and returning to us with your reply form. This information will be kept confidential. Please tick all of the boxes that apply to you.

Ethnicity

What is your ethnic group?

A White

- British Irish
 Any other White background

Please tell us _____

B Mixed

- White & Black Caribbean
 White & Black African White & Asian
 Any other Mixed background

Please tell us _____

C Asian or Asian British

- Indian Pakistani Bangladeshi
 Any other Asian background
 Tamil Korean

Please tell us _____

D Black or Black British

- Caribbean African
 Any other Black background

Please tell us _____

E Chinese or other ethnic group

- Chinese Any other

Please tell us _____

F I prefer not to tell you my ethnic group

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Disability and Health

Do you have a long-term physical, mental health or health condition or disability? Yes No

I prefer not to tell you

What is the nature of your disability, mental health or other health issue?

Physical/Mobility Sensory Mental Health
Learning Health Diagnosis

Other please tell us _____

I prefer not to tell you

Gender

Are you? Male Female

I prefer not to tell you

What is Your Age?

Under 16 16 - 29 30 - 59
45 - 59 60 - 74 75 +

I prefer not to tell you

What is Your Religion or Belief?

Christian Buddhist Hindu Sikh
Jewish Muslim Athiest Agnostic

Other please tell us _____

I prefer not to tell you

What is Your Sexual Orientation?

Heterosexual Lesbian Gay Bisexual

Other please tell us _____

I prefer not to tell you

Thank you for taking time to complete this form

