

Equalities Monitoring

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

Are you?

male female
I prefer not to tell you

What is your Age?

Under 16 36 - 45 66 - 75
16 - 25 46 - 55 76+
26 - 35 56 - 65
I prefer not to tell you

Do you have an illness or disability which limits your activities in any way?

yes no
I prefer not to tell you

If yes, what kind of disability?

Physical/Mobility Learning disability
Sensory Health diagnosis
Mental health Other, give details:

.....
I prefer not to tell you

What is your Religion or Belief?

Christian Sikh Atheist
Buddhist Jewish Agnostic
Hindu Muslim
Other, please tell us:

.....
I prefer not to tell you

Equalities Monitoring (continued)

What is your ethnic group?

White

British
Irish
Other White

Mixed

White and Black Caribbean
White and Black African
White and Asian
Other mixed

Asian and Asian British

Indian
Pakistani
Bangladeshi
Tamil
Korean
Other Asian

I prefer not to tell you my ethnic group

Black and Black British

Caribbean
African
Other Black

Chinese and Other Ethnic Groups

Chinese
Other ethnic group

If you have answered 'other' to any ethnic group please give details:

.....
.....

What is your Sexual Orientation?

Hetrosexual (Man & Woman) Gay
Lesbian Bisexual

Other, please tell us:

.....
I prefer not to tell you

Fold 3 & tuck

Fold 2

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