|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Ethnic Group | | | | | |
| **WHITE** | | | ASIAN | | |
|  |  |  |  |  |  |
| (A) |  | British or Mixed British | (L) |  | Bangladeshi |
| (B) |  | English | (M) |  | Indian |
| (C) |  | Northern Irish | (N) |  | Pakistani |
| (D) |  | Scottish | (O) |  | Any other Asian background |
| (E) |  | Welsh |  |  | please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (F) |  | Any other White background |  |  |  |
|  | please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
| **BLACK** | | | **CHINESE** | | |
|  |  |  | (P) |  | Chinese |
| (G) |  | African |  |  |  |
| (H) |  | Caribbean | (Q) |  | Any Chinese background  please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (I) |  | Any other Black background |  |  |  |
|  | please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
|  |  |  |  |  |  |
| **ANY OTHER ETHNIC BACKGROUND** | | | **MIXED ETHNIC BACKGROUND** | | |
|  |  |  |  |  |  |
| (J) |  | Any other ethnic background | (R) |  | Asian and White |
|  | please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | (S) |  | Black African and White |
|  |  |  | (T) |  | Black Caribbean and White |
| (K) |  | Prefer not to disclose | (U) |  | Any other Mixed ethnic background please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. Age** What is your age (in years)?  **Or**  I prefer not to disclose this information | | | | | |
| **3. Disability** Do you consider yourself to have a disability?  No  Yes I prefer not to disclose this information  If yes, what is the nature of your disability? | | | | | |
| **4. Gender Identity** How would you describe your gender? (Tick all that apply)  Female  Male  Transgender  Gender Fluid  Non Binary  Other (please state if you are comfortable to)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I prefer not to disclose | | | | | |
| **5. Sexual Orientation** How would you describe your sexual orientation?  Bisexual Gay / Lesbian Heterosexual (straight)  Pansexual  Asexual  I prefer not to disclose  Other (please state if you are comfortable to)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **6. Caring Responsibilities**(A)Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?  Yes  No  I prefer not to disclose this information | | | | | |