**EQUALITIES MONITORING FORM**

Please help us by filling in this form and telling us about yourself. By answering the questions you will help us to:

1. meet our commitment to promote equality and diversity in everything we do
2. better tailor services to meet your needs
3. ensure that there are no barriers which make it difficult for you to use any of our services
4. identify which groups in the community are not represented or using services and take steps to address any gaps
5. measure the outcomes of our services and promote equality

The information you give us is confidential and your individual details will not be shared with others and will be stored securely. If you have any questions, please ask and we will help you. If you do not wish to complete some sections of this form, you do not have to. Please tick one box from the list in each section.

|  |
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| * 1. **How well do you speak English?**
 |
| Very well |  | Quite well |  | A little |  | No English |  |

|  |
| --- |
| **2. What is your main language? Please tick only one.** |
| Arabic |  | Portuguese |  |
| Bengali |  | Romanian |  |
| Chinese |  | Russian |  |
| English |  | Sign/BSL |  |
| Gaelic |  | Turkish |  |
| Polish |  | Urdu/Punjabi |  |

|  |  |  |
| --- | --- | --- |
| **3. What age group are you in?** |  | **4. What is your sex?** |
| 0-4 years  |  | 35-44 years |  |  | Female |  |
| 5-9 years |  | 45-54 years |  |  | Male |  |
| 10-14 years |  | 55-64 years |  |  | Other |  |
| 15-19 years |  | 65-74 years |  |  | Prefer not to answer |  |
| 20-24 years |  | 75-84 years |  |  |  |  |
| 25-34 years |  | 85+ years |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 5. **Gender identity – do you or have you ever identified yourself as transgender?** |  | **6. What is your sexual orientation?** |
| Yes |  | Prefer not to answer |  |  | Heterosexual |  | Gay/Lesbian |  |
| No |  |  | Bisexual |  | Prefer not to answer |  |
| **7. What is your ethnic group?** |  | **8. Religion or belief** |
| Choose ONE section from A to F, and then tick **ONE BOX ONLY** which best describes your ethnic group or background. |  | No religion |  |
| Christian |  |
| Buddhist |  |
| 1. **White**
 |  | Hindu |  |
| Jewish |  |
| English/Scottish/Welsh/Northern Irish/UK  |  |  | Muslim |  |
| Other religion |  |
| Irish |  |  |  |
| Gypsy/ Irish Traveller  |  |  | **9. Disability or Long Term Health Impairments** |
| Any other white background |  |  |
| 1. **Mixed or multiple ethnic group**
 |  | Deafness or severe hearing impairment |  |
| Mixed ethnic background  |  |  | Blindness or severe visual impairment |  |
| 1. **Asian, Asian UK**
 |  | Memory |  |
| Indian |  |  | Mobility- difficulty in walking short distances or climbing stairs |  |
| Pakistani |  |  |
| Bangladeshi |  |  | Dexterity –difficulty in lifting or carrying objects, using a keyboard |  |
| Chinese |  |  |
| Any other Asian background |  |  | Socially or behaviourally, e.g. Autism, Attention Deficit Disorder or Aspergers’ syndrome |  |
| **D. Black/African/Caribbean/Black UK**  |  |
| African |  |  | Mental Health |  |
| Caribbean |  |  | Stamina or breathing or fatigue |  |
| Any other Black/African/Caribbean |  |  | Learning/understanding/concentrating |  |
| 1. **Other ethnic group**
 |  | Chronic illness e.g. cancer, HIV, diabetes, heart disease or epilepsy |  |
| Arab |  |  | Other condition that affects your ability to carry out everyday tasks |  |
| Other |  |  |
| 1. **Prefer not to answer**
 |  | None |  |
|  |  |  | Prefer not to answer |  |

|  |  |  |
| --- | --- | --- |
| **10. What is the first part of your postcode? e** |  | **11. Has someone helped you to complete this form** |
| First 5 digits only please e.g. **E H 1 1 3** |  | Yes No |

Thank you for taking the time to complete this form.