**EQUAL OPPORTUNITES MONITORING FORM**

CACE wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and encouraging equality and diversity. By building an accurate picture of the make-up of our staff, volunteers and people who use our services we can monitor how effectively we are doing this.  
  
The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please note that all information is anonymous and 'Strictly confidential'

1. Gender Identity

Man

Woman

Intersex

Non-binary

Prefer not to say

If you prefer to use your own term, please specify here

1. Are you married or in a civil partnership?

Yes

No

Widowed

Prefer not to say

1. What is your ethnicity? (This is not about Nationality, place of birth or citizenship)

White – English

White – Irish

White – Northern Irish

White – British

White – Scottish

White Gypsy or Irish Traveller

Other White background

White – Prefer not to say

Mixed Ethnic group – White and Black Caribbean

Mixed Ethnic group – White and Black African

Mixed Ethnic group – White and Asian

Mixed Ethnic group – Prefer not to say

Other mixed Background

Asian/Asian British – Indian

Asian/Asian British – Pakistani

Asian/Asian British – Bangladeshi

Asian/Asian British – Other Asian background

Asian/Asian British – Chinese

Asian/Asian British – Prefer not to say

Black/ African /Caribbean / Black British Caribbean Group – African

Black/ African /Caribbean / Black British Caribbean Group – Caribbean

Black/ African /Caribbean / Black British Caribbean Group - Prefer not to say

Black/ African /Caribbean / Black British Caribbean Group - Other Black background

Arab

Any other ethnic group

Prefer not to say

Any other background please write in here

1. What is your age?

16-24  60-64

25-29  65-69

30-34  70-74

35-39  75-79

40-44  80-84

45-49  85-90

50-54  91+

55-59  Prefer not to say

1. How would you describe your sexual orientation?

Heterosexual/Straight  Gay woman/lesbian

Bisexual  Prefer not to say

Gay man

1. Do you consider yourself to have a disability or a health condition?

Yes

No

Prefer not to say

1. What is your religion or belief?

No religion or belief Jewish

Hindu Muslim

Christian Sikh

Buddhist Prefer not to say

If other religion or belief, please write in here

1. 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