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| 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 informationIf 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 |