

**Equalities Monitoring
Questionnaire**

**Why are we monitoring?**

Kindred recognises that equalities monitoring is an important way of assessing our service to families and our recruitment process.

**What will we do with the information?**

Your response will be treated anonymously and we ensure confidentiality. Funders sometimes require us to provide data on our recruitment process.

**Completion of this form is voluntary. Non-completion of this form will not affect recruitment opportunities.**

**1. What is your gender? Please tick the appropriate box:**

Female Male prefer not to say

**2. What is your age? Please tick the appropriate box:**

17-25 yrs 26-44 yrs 45-64 yrs  65 yrs+ prefer not to say

**3. Do you consider yourself to be a disabled person? Please tick the appropriate box:**

Under the Equality Act 2005 a person is considered to have a disability if he/she has a physical or mental impairment or illness, such as HIV, cancer, diabetes, heart condition, multiple sclerosis, which has sustained and substantial long term adverse effect on your ability to carry out normal day-to-day activities.

Yes  No prefer not to say

**4. How would you describe your ethnic group? Please tick one category:**

**White**

Scottish/English/Welsh/Northern Irish/UK

Irish

Gypsy/Irish Traveller

 Any other White ethnic group

please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian/Asian UK**

Chinese

Bangladeshi

Indian

Pakistani

 Any other Asian group
 please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTO

**Black/African/Caribbean/Black UK**

African

Caribbean

Any other Black/African/Caribbean group

please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

Arab

Any other ethnic group

please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Your religion or belief – please tick the appropriate box:**

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Your sexual orientation – please tick the appropriate box:**

Heterosexual Lesbian/gay men/bisexual prefer not to say

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