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**Equality Monitoring Form**

To assist us with planning and delivering our services in a fair and non discriminatory manner, it would help us if you would complete this form. We will only use this information to help us improve our services. All information will be confidential and held in accordance with the Data Protection Act 1998. We will not publish or forward to any third party any information which could identify you. **The completion of this form is entirely voluntary but we would appreciate your co-operation. Thank you.**

1. **Gender**

Female 🞏 Male 🞏 Prefer not to say 🞏

**2. Which age band do you fall into?**

10-15 🞏 16-24🞏 25-34 🞏 35-44 🞏 45-54 🞏 55-64 🞏

65-74 🞏 75+ Prefer not to say 🞏

**3. What is your ethnic group?**

Choose ONE section from A to E, tick **ONE** box which **best describes** your ethnic group or background.

**A White**

🞏 Scottish 🞏 English 🞏 Irish 🞏 Welsh 🞏 British

🞏 Northern Irish 🞏 Slovak 🞏 Polish 🞏 Czech Republic

🞏 Gypsy/Traveller 🞏 Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B Mixed or multiple ethnic groups**

🞏 Any mixed or multiple ethnic groups, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C Asian, Asian Scottish or Asian British**

🞏 Pakistani, Pakistani Scottish or Pakistani British

* Indian, Indian Scottish or Indian British
* Bangladeshi, Bangladeshi Scottish or Bangladeshi British
* Chinese, Chinese Scottish or Chinese British
* Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D African, Caribbean or Black**

* African, African Scottish or African British
* Caribbean, Caribbean Scottish or Caribbean British
* Black, Black Scottish or Black British
* Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E Other ethnic group**

🞏 Arab

🞏 Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F Prefer not say** 🞏

**4. Do you consider yourself to be a disabled person?**

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Yes 🞏 No 🞏 Prefer not to say 🞏

**5. Do you have primary caring responsibilities for a relative or friend?**

Yes 🞏 No 🞏 Prefer not to say 🞏

**If you have ticked yes, we will discuss any support needs with you at interview**

