

**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 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 a 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 LGBTQ+ prefer not to say

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