

## Equal Opportunities Monitoring Form

### 1. Please tell us your Age:

Under 16	
16-21	
21-29	
30-39	
40-49	
50-59	
60-69	
70-80	
80+	
Rather not say	

### 3. Ethnicity

#### Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any Other Asian Background

#### Black or Black British

- African
- Caribbean
- Any Other Black Background

#### Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any Other Mixed Background

### 4. Nationality

Please state: \_\_\_\_\_

### 5. Gender

- Female
- Male
- Rather not say

### 6. Religion or Beliefs

- Atheism
- Agnosticism
- Buddhism
- Christianity
- Hinduism
- Humanism
- Islam

### 7. Sexual Orientation

- Bisexual
- Gay Man
- Heterosexual

### 2. Do you consider yourself to have a disability?

- Yes    No    Rather not say

### 2b. If yes do you have a:

- Physical Impairment
- Sensory Impairment
- Learning Disability
- Mental Health Condition (Long Term)
- Other Health Condition (Long Term)

#### White

- White British
- White Irish
- Any Other White Background

#### Other Ethnic Group

- Chinese
- Any Other Ethnic Group

Please state: \_\_\_\_\_

- Rather not say

### 5b. Gender Reassignment

Do you now, or have you ever considered yourself to be transgender? (tick if yes)

- Jainism
- Judaism
- Sikhism
- Any Other Religion/Belief

Please state: \_\_\_\_\_

- No Religion or Belief
- Rather not say

- Lesbian/Gay Woman
- Other
- Rather not say

### 8. Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help or/and support?

- Yes    No    Rather not say

We are asking you to provide us with anonymous information to help reach as many communities as we can. All questions are optional and if you prefer not to it does not in any way effect your access to services. Thank you.