

# Equality Monitoring Form



Collecting, analysing, and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed. We will be grateful if you could complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.

## Age Which age group applies to you?

Under 16       17-21       22-29       30-39  
 40-49       50-59       60-74       75+

## Sex Please tick the box that best describes your sex

Male       Female       Prefer not to say

## Trans

Trans is an umbrella term to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were regarded to be at birth.

### Do you consider yourself to be trans?

Yes       No       Prefer not to say

## Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

### Are you disabled?

Yes       No       Prefer not to say

### Please tell us which of the following conditions apply to you. You may tick more than one box.

<input type="checkbox"/> Visual	<input type="checkbox"/> Physical / Mobility related	<input type="checkbox"/> Deaf / BSL User
<input type="checkbox"/> Hearing	<input type="checkbox"/> Mental health	<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Long term health condition	<input type="checkbox"/> Neurodivergent	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify): <input style="border: 1px solid red; width: 150px; height: 1.2em; vertical-align: middle;" type="text"/>		

**National Identity****How would you describe your national identity? Tick all that apply**

<input type="checkbox"/> Afghan	<input type="checkbox"/> Cypriot	<input type="checkbox"/> Irish	<input type="checkbox"/> Romanian
<input type="checkbox"/> Australian	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Italian	<input type="checkbox"/> Scottish
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> English	<input type="checkbox"/> Indian	<input type="checkbox"/> Spanish
<input type="checkbox"/> British	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Somali
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> French	<input type="checkbox"/> Kosovan	<input type="checkbox"/> Turkish
<input type="checkbox"/> Chilean	<input type="checkbox"/> German	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> United States
<input type="checkbox"/> Chinese	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Welsh
<input type="checkbox"/> Colombian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Polish	

Any other National Identity. E.g. Canadian (please specify):

**Ethnicity Please tick the box that best describes your ethnic group****Asian or Asian British:**

Bangladeshi  
 Chinese  
 Indian  
 Pakistani  
 Any other Asian background: (please specify):

**Black, Black British, Caribbean,**

**or African:**  
 African  
 Caribbean  
 Any other Black, Black British, Caribbean, or African background (please specify):

**Other ethnic group:**

Arab  
 Kurdish  
 Turkish  
 Latin American  
 Any other ethnic group (please specify):

**Mixed or multiple ethnic groups: White:**

White and Asian  
 White and Black African  
 White and Black Caribbean  
 Any other Mixed or Multiple background (please specify):

English/Welsh/Scottish/ Northern Irish/British  
 Irish  
 Gypsy or Irish Traveller  
 Roma  
 Any other White background (please specify):

Prefer to self-describe (please specify):

Prefer not to say

**Sexual Orientation****Which of the following best describes your sexual orientation?**

Bi       Gay / Lesbian       Heterosexual / Straight       Prefer not to say

I use another term (please specify):

**Religion or belief****How would you describe your religion or belief? Please tick as appropriate**

<input type="checkbox"/> Atheist	<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Rastafarian
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> No Religion	<input type="checkbox"/> Prefer to self-describe:	<span style="border: 1px solid red; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>

**Pregnancy and maternity****Please tick one box**

Are you pregnant?

 Yes       No       Prefer not to say

Have you had a baby in the last 12 months?

 Yes       No       Prefer not to say**Marriage and Civil Partnership****Please tick the box that best describes you**

<input type="checkbox"/> Single	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> Divorced	<input type="checkbox"/> Prefer not to say

**Socioeconomic status****Income****Please tick which of the following benefits you receive, if any**

<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Child Tax Credit	<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Income Support
<input type="checkbox"/> Income-based Jobseeker's Allowance (JSA)	<input type="checkbox"/> Income-related Employment and Support Allowance (ESA)		
<input type="checkbox"/> Working Tax Credit	<input type="checkbox"/> Pension Credit	<input type="checkbox"/> Council Tax Reduction Support	
<input type="checkbox"/> None of the above	<input type="checkbox"/> Prefer not to say		

**Education****Which of these qualifications do you have?**

Tick every box that applies if you have any of the qualifications listed. If your UK qualification is not listed, tick the box that contains its nearest equivalent. If you have qualifications gained outside the UK, tick the 'Other qualifications' box and the nearest UK equivalents (if known).

No formal qualifications  
 Level 1 - e.g. 1-4 GCSEs, Scottish Standard Grade or equivalent qualifications  
 Level 2 - e.g. 5 or more GCSEs, Scottish Higher, Scottish Advanced Higher or equivalent qualifications  
 Level 3 - e.g. 2 or more A-levels, HNC, HND, SVQ level 4 or equivalent qualifications  
 Level 4 or above - e.g. first or higher degree, professional qualifications or other equivalent higher education qualifications  
 Other qualifications - e.g. other vocational / work related qualifications / non-UK/ overseas qualifications  
 Prefer not to say

**Language****Please tick the boxes that best describe your preferred language**

<input type="checkbox"/> Albanian	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Akan	<input type="checkbox"/> French	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Somali
<input type="checkbox"/> Arabic	<input type="checkbox"/> German	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Bengali	<input type="checkbox"/> Greek	<input type="checkbox"/> Persian/Farsi	<input type="checkbox"/> Filipino
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Polish	<input type="checkbox"/> Turkish
<input type="checkbox"/> BSL User	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Urdu
<input type="checkbox"/> Chinese	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Yiddish

 Other (please specify): **Thank you for completing and returning this form.**