

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?

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 17-21 | <input type="checkbox"/> 22-29 | <input type="checkbox"/> 30-39 |
| <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60-74 | <input type="checkbox"/> 75+ |

Sex Please tick the box that best describes your sex

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> 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?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 |

- ☐ Other (please specify):

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:

- | | |
|--|--|
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> English/Welsh/Scottish/
Northern Irish/British |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Irish |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Any other Mixed or Multiple
background (please specify): | <input type="checkbox"/> Roma |
| | <input type="checkbox"/> 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: | <input type="text"/> |

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**☐ Single☐ Co-habiting☐ Separated☐ Widowed☐ Married☐ Civil Partnership☐ Divorced☐ Prefer not to say**Socioeconomic status****Income****Please tick which of the following benefits you receive, if any**☐ Universal Credit☐ Child Tax Credit☐ Housing Benefit☐ Income Support☐ Income-based Jobseeker's Allowance (JSA)☐ Income-related Employment and Support Allowance (ESA)☐ Working Tax Credit☐ Pension Credit☐ Council Tax Reduction Support☐ None of the above☐ 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**☐ Albanian☐ English☐ Japanese☐ Russian☐ Akan☐ French☐ Kurdish☐ Somali☐ Arabic☐ German☐ Lithuanian☐ Spanish☐ Bengali☐ Greek☐ Persian/Farsi☐ Filipino☐ Bulgarian☐ Gujarati☐ Polish☐ Turkish☐ BSL User☐ Hungarian☐ Portuguese☐ Urdu☐ Chinese☐ Italian☐ Romanian☐ Yiddish☐ Other (please specify):**Thank you for completing and returning this form.**