

About You

Equality Monitoring

We are asking the following questions to fulfil our duties under the Equality Act, 2010 and ensure that we provide fair and equal access to our services. The following questions are optional and we would be grateful if you could answer them as it will help us monitor fairness and equality. All personal information will be remain confidential and will be held in accordance with the Data Protection Act 1998. We will not use your personal information , such as your name or address when analysing the information you provide below.

Age

Q1 What age group do you fall into?

18 or below.....	<input type="checkbox"/>	35-44	<input type="checkbox"/>	65-74	<input type="checkbox"/>
19-24	<input type="checkbox"/>	45-54	<input type="checkbox"/>	75+	<input type="checkbox"/>
25-34	<input type="checkbox"/>	55-64	<input type="checkbox"/>		

Gender

Q2 Are you male or female?

Female..... Male.....

Disability

Q3 Do you consider that you have a disability under the Equality Act?*

No..... Yes.....

* The definition of disability according to the Equality Act 2010 is: "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities". (Long term means more than 12 months). This definition would cover long-term illnesses such as cancer and HIV or mental health.

Religion

Q4 What is your religion or belief?

Prefer not to state.....	<input type="checkbox"/>	None.....	<input type="checkbox"/>
Christian (Includes Catholic, Anglican, etc).....	<input type="checkbox"/>	Sikh.....	<input type="checkbox"/>
Hindu.....	<input type="checkbox"/>	Other (please tick and write below)	<input type="checkbox"/>
Muslim.....	<input type="checkbox"/>		
Please indicate			

Race & National Origin

Q5 What is your race and national origin? (examples include: White British, Black African, British Asian, Chinese, Gypsy, Latvian, Indian, Polish, Travellers, etc.)

Do not wish to state

Please indicate

Marriage Status & Civil Partnerships

Q6 Which of the following characteristics reflect your relationship status? (tick one only)

Prefer not to state Married Widow / Widower

Civil Partnership Separated

Divorced Single

Sexual Orientation

Q7 What is your sexual orientation?

Prefer not to state Heterosexual (straight)

Bi-sexual Lesbian

Gay Other (please tick and write below)

Please indicate