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**Equal Opportunities Monitoring Form**

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| **Age** | ◻ Under 21 ◻ 21-30 ◻ 31-40 ◻ 41-50 ◻ 51-60 ◻ 61-64 ◻ 65 and over  ◻ I do not wish to disclose this |
| **Gender** | ◻ Male ◻ Female ◻ Transgender (Male) ◻ Transgender (Female) ◻ Non binary  ◻ I do not wish to disclose this |
| **Marital status** | Are you married or in a civil partnership?  ◻ Yes ◻ No ◻ I do not wish to disclose this |

**Race relations (Amendment) Act 2000**

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| I would describe my ethnic origin as: | |
| **Asian or Asian British**  ◻ Bangladeshi  ◻ Chinese  ◻ Indian  ◻ Pakistani  ◻ Vietnamese  ◻ Any other Asian background  Please specify:   |  | | --- | |  |   **Black or Black British**  ◻ Caribbean  ◻ Somali African  ◻ Other African  ◻ Any other Black background  Please specify:   |  | | --- | |  | | **Mixed**  ◻ White & Asian  ◻ White & Black African  ◻ White & Black Caribbean  ◻ Any other mixed background  Please specify:   |  | | --- | |  |   **White**  ◻ British  ◻ Irish  ◻ Any other White background  Please specify:   |  | | --- | |  |   ◻ I do not wish to disclose this |

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| Do you consider yourself to have a disability? | ◻ Yes ◻ No ◻ I do not wish to disclose this |
| Please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment: | |
| ◻ Physical Impairment  ◻ Sensory Impairment  ◻ Mental Health Condition  ◻ I do not wish to disclose this | ◻ Learning Disability/Difficulty  ◻ Long-standing illness  ◻ Other  Please specify:   |  | | --- | |  | |

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| Please select the option which best describes your sexuality | |
| ◻ Lesbian/Gay woman  ◻ Gay man  ◻ Bisexual | ◻ Heterosexual/Straight  ◻ I do not wish to disclose this |
| Please indicate your religion or belief | |
| ◻ Atheism  ◻ Buddhism  ◻ Christianity  ◻ Hinduism  ◻ Islam  ◻ I do not wish to disclose this | ◻ Jainism  ◻ Judaism  ◻ Sikhism  ◻ Other  Please specify:   |  | | --- | |  | |
| Do you provide care on a substantial and regular basis, for a family member or friend who needs care/ help/ support because of sickness, frailty or disability? ◻ Yes ◻ No ◻ I do not wish to disclose this | |