

Equalities monitoring

The information captured in this form helps us to make sure we are engaging with all parts of the local community. The individual information on this form will be kept confidential.

Borough: _____

First part of postcode: _____

Ethnicity

Asian or Asian British

- | | |
|---|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan Sinhalese |
| <input type="checkbox"/> Sri Lankan Tamil | <input type="checkbox"/> Sri Lankan other |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian, please state: |

Black or Black British

- | | |
|---|---|
| <input type="checkbox"/> Black British | <input type="checkbox"/> Black - Angolan |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> Black - Congolese |
| <input type="checkbox"/> Black – Ghanaian | <input type="checkbox"/> Black - Nigerian |
| <input type="checkbox"/> Black - Sierra Leonean | <input type="checkbox"/> Black - Somali |
| <input type="checkbox"/> Black – Sudanese | <input type="checkbox"/> Other Black African, please state: |

Ethnic groups

- | | |
|---|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Afghan |
| <input type="checkbox"/> Charedi Jewish | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> Iraqi | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> Latin/South/ Central American |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Libyan |
| <input type="checkbox"/> Malay | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Polynesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Yemeni | |
| <input type="checkbox"/> Other ethnic group - please state: | |



Mixed or multiple background

- | | |
|--|---|
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Black African and White |
| <input type="checkbox"/> Black Caribbean and White | <input type="checkbox"/> Other, please state: _____ |

White

- | | |
|---|---|
| <input type="checkbox"/> White - British | <input type="checkbox"/> White - English |
| <input type="checkbox"/> White - Welsh | <input type="checkbox"/> White - Scottish |
| <input type="checkbox"/> White - Northern Irish | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> White - Australian / New Zealander |
| <input type="checkbox"/> White - European Mixed | <input type="checkbox"/> White - Italian |
| <input type="checkbox"/> White – Kurdish | <input type="checkbox"/> White - North American |
| <input type="checkbox"/> White - Other Eastern European | <input type="checkbox"/> White - Other Western European |
| <input type="checkbox"/> White – Polish | <input type="checkbox"/> White - Turkish |
| <input type="checkbox"/> White - Turkish Cypriot | <input type="checkbox"/> Other, please state: _____ |

Gender and sexual orientation

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Other, please state: _____ | |

Is your gender now different from your gender at birth?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

How would you describe your sexuality?

- | | |
|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Heterosexual (straight) |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other, please state: _____ |

Religion and beliefs

- | | |
|---|--|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Humanist or atheist |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Rastafarian | <input type="checkbox"/> Shinto |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Toaist |
| <input type="checkbox"/> Wiccan or pagan | <input type="checkbox"/> Zoroastruan |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other, please state: | |
-

Pregnancy and maternity

Are you pregnant?

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

Have you had a baby in the last 12 months?

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

Marriage or Civil Partnership

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

Age

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> 16-17 | <input type="checkbox"/> 18-20 |
| <input type="checkbox"/> 21-24 | <input type="checkbox"/> 25-29 |
| <input type="checkbox"/> 30-44 | <input type="checkbox"/> 45-59 |
| <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 75-84 | <input type="checkbox"/> 85-89 |
| <input type="checkbox"/> 90 or over | |

Disability

Under the Equality Act 2010, a person is considered to have a disability if they have a physical or mental impairment which h s. However, in order to be able to identify and respond to your specific needs, it is important that we know what kind of disability you have.as a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you have any of the following conditions that have lasted or are expected to last for at least 12 months?

- | | |
|---|--|
| <input type="checkbox"/> Blindness or partial loss of sight | <input type="checkbox"/> Deafness or partial loss of hearing |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Long term condition or illness |
| <input type="checkbox"/> Mental ill health | |

Carers

Are you a carer for a friend or family member?

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