Equality, Diversity & Inclusion Monitoring Form

1.What is your current age in years?

[ ] 16-20

[ ] 21-25

[ ] 26-30

[ ] 31-35

[ ] 36-40

[ ] 41-45

[ ] 46-50

[ ] 51-60

[ ] 61-70

[ ] 71-75

[ ] Over 75

[ ] Prefer not to answer

Which gender do you identify with?

[ ] Male

[ ] Female

[ ] Non-binary

[ ] Prefer not to say

[ ] Other

3.Do you consider yourself disabled to the extent that you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

[ ] Yes

[ ] No

[ ] Prefer not to say

4.Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

[ ] Yes, limited a lot

[ ] Yes, limited a little

[ ] No

[ ] Prefer not to say

5.Which of the following options most closely describes your ethnic origin? Ethnicity is not about nationality, place of birth or citizenship but about the group you perceive to belong.

[ ] Indian

[ ] Pakistani

[ ] Bangladeshi

[ ] Chinese

[ ] African

[ ] Caribbean

[ ] White & Black Caribbean

[ ] White & Black African

[ ] White & Asian

[ ] Other mixed ethnic

[ ] White

[ ] English

[ ] Welsh

[ ] Scottish

[ ] Irish

[ ] White European

[ ] Gypsy or Irish Traveller

[ ] Other

[ ] Prefer not to say

6.What is your religion or belief?

[ ] No religion or belief

[ ] Buddhist

[ ] Christian

[ ] Hindu

[ ] Jewish

[ ] Muslim

[ ] Sikh

[ ] Other

[ ] Prefer not to say

7.What is your sexual orientation?

[ ] Heterosexual

[ ] Gay

[ ] Lesbian

[ ] Bisexual

[ ] Undecided

[ ] Prefer not to say

[ ] Other

8.Do you have primary care responsibilities for any of the below?

[ ] Child/children under 18

[ ] Disabled child/children

[ ] Disable adult (18+)

[ ] Older person

[ ] Prefer not to say

[ ] None

9.Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age (do not count anything you do as part of your paid employment)?

[ ] No

[ ] Yes, 1-19 hours a week

[ ] Yes, 20-29 hours a week

[ ] Yes 50+ hours a week

[ ] Prefer not to say