

## About You: Equalities Monitoring Form

We want to make sure that we seek the views of a wide range of people in the city. We will only use the information on this form to help us understand who we are reaching, and where we need to do additional work to obtain the views of particular individuals, groups and communities. The answers you provide are anonymous and confidential. Information collected using this form is combined together so it is not possible to link any responses back to an individual.

<b>1. What age are you?</b>	.....years <input type="checkbox"/> Prefer not to say	
<b>2. What gender are you?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - please state ..... <input type="checkbox"/> Prefer not to say	
<b>3. Do you identify as the sex you were assigned at birth?</b> For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their gender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
<b>4. How would you describe your ethnic origin?</b>		
<b>White</b> <input type="checkbox"/> English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background (please give details) ..... <b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please give details) .....	<b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background (please give details) ..... <b>Mixed</b> <input type="checkbox"/> Asian & White <input type="checkbox"/> Black African & White <input type="checkbox"/> Black Caribbean & White <input type="checkbox"/> Any other mixed background (please give details) .....	<b>Other Ethnic Group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please give details) ..... <input type="checkbox"/> Prefer not to say
<b>5. Which of the following best describes your sexual orientation?</b>		
<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian/Gay woman <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Other (please state) ..... <input type="checkbox"/> Prefer not to say		

**6. What is your religion or belief?**

<input type="checkbox"/> I have no particular religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Other religion (please state) .....	<input type="checkbox"/> Other philosophical belief (please state) ..... <input type="checkbox"/> Prefer not to say
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<b>7a. 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?</b>	<input type="checkbox"/> Yes a little <input type="checkbox"/> Yes a lot <input type="checkbox"/> No (do not answer 7b) <input type="checkbox"/> Prefer not to say (do not answer 7b)
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**7b. If 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in (examples are given in the guidance).**

<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness	<input type="checkbox"/> Mental Health condition <input type="checkbox"/> Autistic Spectrum <input type="checkbox"/> Other Developmental Condition <input type="checkbox"/> Other (please state) .....
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<b>8a. Are you a carer?</b> A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No (do not answer 8b) <input type="checkbox"/> Prefer not to say (do not answer 8b)
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<b>8b. If yes, do you care for a.....?</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Child with special needs <input type="checkbox"/> Other family member <input type="checkbox"/> Other (please give details).....	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Friend
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<b>9. Armed Forces Service:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<ul style="list-style-type: none"> <li>Are you <u>currently</u> serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<ul style="list-style-type: none"> <li>Have you <u>ever</u> served in the UK Armed Forces?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<ul style="list-style-type: none"> <li>Are you a member of a current or former serviceman or woman's immediate family/household?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say