

Equality monitoring template

Gender

Are you?

Male Female

Gender re-assignment

Is your gender identity the same as the gender you were assigned at birth?

Yes

No

Prefer not to say

Age

What is your age?

16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59
 60-64 65+

Prefer not to say

Ethnicity

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

White

English Welsh Scottish Northern Irish
Irish Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African
White and Asian Any other mixed background

Asian/Asian British

Indian Pakistani
Bangladeshi Chinese
Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean
Any other Black/African/Caribbean background

Other ethnic group

Arab Any other ethnic group

Prefer not to say

Disability

Do you consider yourself to be disabled?

Yes

No

Prefer not to say

Please provide additional information:

Tick box that applies

Mobility (Getting around)	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>
Using hands/fingers	<input type="checkbox"/>
Learning Difficulty	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Other (Please state)	<input type="checkbox"/>

Marriage and civil partnership

Are you married or in a civil partnership

Yes No

Prefer not to say

Sexual orientation

How would you describe your sexual orientation?

Heterosexual/straight Gay woman/lesbian

Gay man Bisexual

Other

Prefer not to say

Religion and/or belief

What is your religion or belief?

No religion Buddhist Christian

Hindu Jewish Muslim

Sikh Any other religion

Prefer not to say

Pregnancy and maternity

Are you currently pregnant or have you been pregnant in the last year?

Yes No

Prefer not to say

In the past year, have you taken?

Maternity leave

Paternity leave

Adoption leave

Carers

Do you have caring responsibilities? If yes please tick all that apply

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person (65+)