## Equality Monitoring Form

Collecting, analysing, and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed. We will be grateful if you could complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.

Age Which age group applies to you?
$\square$ Under 16
$\square$ 22-29
30-39
$\square$ 40-49

$\square$ 60-74
75+

## Sex Please tick the box that best describes your sex

Male
Female
Prefer not to sayI use another term (please specify): $\square$

## Trans

Trans is an umbrella term to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were regarded to be at birth.
Do you consider yourself to be trans?Yes
No
Prefer not to say

## Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.
Are you disabled?Yes
No
Prefer not to say

Please tell us which of the following impairment groups apply to you. You may tick more than one box.
$\square$ Visual Impairment
$\square$ Hearing Impairment
$\square$ Long term health condition/ hidden impairment
$\square$ Other (please specify): $\square$

| National Identity | How would you describe your national identity? Tick |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| $\square$ Afghan | $\square$ Cypriot | $\square$ Irish | $\square$ Romanian |  |
| $\square$ Australian | $\square$ Ecuadorian | $\square$ Italian | $\square$ Scottish |  |
| $\square$ Bangladeshi | $\square$ English | $\square$ Indian | $\square$ Spanish |  |
| $\square$ British | $\square$ Eritrean | $\square$ Jamaican | $\square$ Somali |  |
| $\square$ Bulgarian | $\square$ French | $\square$ Kosovan | $\square$ Turkish |  |
| $\square$ Chilean | $\square$ German | $\square$ Lithuanian | $\square$ United States |  |
| $\square$ Chinese | $\square$ Ghanaian | $\square$ Northern Irish | $\square$ Welsh |  |
| $\square$ Colombian | $\square$ Hungarian | $\square$ Polish |  |  |

$\square$ Any other National Identity. E.g. Canadian (please specify): $\square$

## Ethnicity Please tick the box that best describes your ethnic group

Asian or Asian British:
$\square$ Bangladeshi
$\square$ Chinese
$\square$ Indian
$\square$
Pakistani
Any other Asian background: (please specify):


## Black, Black British, Caribbean,

 or African:AfricanCaribbean
Any other Black, Black British, Caribbean, or African background (please specify):


## Mixed or multiple ethnic groups: White:



White and Asian
$\square$ White and Black African
$\square$ White and Black Caribbean
$\square$ Any other Mixed or Multiple background (please specify):

English/Welsh/Scottish/ Northern Irish/British Irish
$\square$ Gypsy or Irish Traveller
Roma
Any other White background (please specify):
$\qquad$

Other ethnic group:Arab
$\square$ Kurdish
$\square$ Turkish
$\square$ Any other ethnic group (please specify):

$\square$ Prefer to self-describe (please specify):

$\square$ Prefer not to say
$\square$

## Sexual Orientation

Which of the following best describes your sexual orientation?Gay / LesbianHeterosexual / StraightPrefer not to say
$\square$ I use another term (please specify): $\square$

Religion or belief How would you describe your religion or belief? Please tick as appropriate
$\square$ AtheistChristian
$\square$ Jewish
$\square$ Rastafarian
$\square$ BuddhistHinduMuslim
Sikh
$\square$ Prefer not to sayNo Religion
$\square$ Prefer to self-describe: $\square$

Are you pregnant?
$\square$ Yes
$\square \mathrm{No}$Prefer not to say

Have you had a baby in the last 12 months?
$\square$ Yes
$\square \mathrm{No}$Prefer not to say

| Marriage and Civil Partnership | Please tick the box that best describes you |  |
| :--- | :--- | :--- | :--- | :--- |
| $\square$ Single $\square$ Co-habiting $\square$ <br> Separated $\square$ Widowed   <br> $\square$ Married $\square$ Civil Partnership $\square$ Divorced | $\square$ | Prefer not to say |

## Socioeconomic status

## Income

## Please tick which of the following benefits you receive, if any

$\square$ Universal Credit
$\square$ Child Tax Credit $\square$Housing Benefit
$\square$ Income SupportIncome-based Jobseeker's Allowance (JSA) $\square$
Income-related Employmentand Support Allowance (ESA)
$\square$ Working Tax CreditPension CreditCouncil Tax Reduction Support
$\square$ None of the above

## Education

## Which of these qualifications do you have?

Tick every box that applies if you have any of the qualifications listed. If your UK qualification is not listed, tick the box that contains its nearest equivalent. If you have qualifications gained outside the UK, tick the 'Foreign qualifications' box and the nearest UK equivalents (if known).
$\square$ No formal qualifications
$\square$ Level 1-e.g. 1-4 GCSEs, Scottish Standard Grade or equivalent qualifications
$\square$ Level 2-e.g. 5 or more GCSEs, Scottish Higher, Scottish Advanced Higher or equivalent qualifications
$\square$ Level 3 -e.g. 2 or more A-levels, HNC, HND, SVQ level 4 or equivalent qualifications
$\square$ Level 4 or above -e.g. first or higher degree, professional qualifications or other equivalent higher education qualifications
$\square$ Other qualifications - e.g. other vocational / work related qualifications and non-UK / foreign qualifications
$\square$ Prefer not to say

## Language

Please tick the boxes that best describe your preferred language
$\square$ AlbanianEnglishJapaneseRussian
$\square$ AkanFrench
$\square$ ArabicGerman
$\square$ BengaliGreek
$\square$ Bulgarian
$\square$ BSL UserGujarati
$\square$ ChineseHungarian
Kurdish $\quad \square$ SomaliLithuanianSpanishPersian/Farsi $\square$ FilipinoPolishTurkish
$\square$ Other (please specify):

## Thank you for completing and returning this form.

