

# Equalities Monitoring Form

Please indicate your answers with a  x

<b>Your age</b>	16-24	<input type="checkbox"/>
	25-39	<input type="checkbox"/>
	40-49	<input type="checkbox"/>
	50-64	<input type="checkbox"/>
	64+	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

## What is your ethnicity?

White	British	<input type="checkbox"/>	Mixed multi ethnic	White & Black Caribbean	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		White & Black African	<input type="checkbox"/>
	Polish	<input type="checkbox"/>		White & Asian	<input type="checkbox"/>
	Lithuanian	<input type="checkbox"/>		Arab	<input type="checkbox"/>
	Other	<input type="checkbox"/>		Other	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>	Chinese or other ethnic groups	Chinese	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>		Philippine	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>		Vietnamese	<input type="checkbox"/>
	Nepali	<input type="checkbox"/>		Thai	<input type="checkbox"/>
	Other	<input type="checkbox"/>		Other	<input type="checkbox"/>
Black	Caribbean	<input type="checkbox"/>	Gypsy & Traveller	Irish	<input type="checkbox"/>
	African	<input type="checkbox"/>		Romany	<input type="checkbox"/>
	British	<input type="checkbox"/>		Other	<input type="checkbox"/>
	Other	<input type="checkbox"/>			
Any other ethnic or nationality background not listed					<input type="checkbox"/>

Prefer not to say

## What is your religion or belief?

None	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>	Other	<input type="checkbox"/>

Prefer not to say

**What is your gender identity?**

Female		Female to Male transgender	
Male		Male to Female transgender	

Prefer not to say	
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**What is your sexual orientation?**

Heterosexual (people of opposite sex)		Bisexual (people of either sex)	
Gay (both men)		Lesbian (both female)	

Prefer not to say	
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**Do you consider yourself a Disabled Person?**

Yes	
No	
Prefer not to say	

Date this form was completed	
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