

EQUALITY AND DIVERSITY MONITORING FORM

PLEASE NOTE:

The completion of this form, in whole or in part, is entirely voluntary. These details are used for monitoring purposes only, to help us assess whether we are reaching all groups. Personal details will not be made public although aggregated statistics might be.

Please indicate your ethnic background:

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box. **(tick one box only)**

White

English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>
British	<input type="checkbox"/>	European	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Other white background, please write in:

Asian/Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		

Other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Other Black/ African/ Caribbean background, please write in:

Mixed/multiple ethnic groups

Black and White Caribbean	Black and White African	Asian and White
Prefer not to say		

Other mixed background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐

Any other ethnic background, please write in:

Please indicate the religion (if any) to which you feel you belong (tick one box only):

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐
Jewish ☐ Muslim ☐ Sikh ☐
Prefer not to say ☐

If you prefer to use your own term, please specify:

Please indicate your gender identity (tick one box only):

Cisgender Woman ☐ Cisgender Man ☐ Transgender Woman ☐
Transgender Man ☐ Nonbinary ☐ Genderqueer ☐
Genderfluid ☐ Agender ☐ Prefer not to say ☐

If you prefer to use your own term, please specify:

Please indicate your sexual orientation (tick one box only):

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐
Prefer not to say ☐

If you prefer to use your own term, please specify:

Do you consider yourself to have any physical disabilities?

Yes ☐ No ☐ Prefer not to say ☐

Please indicate your age group (tick one box only):

18-24 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐
65-74 ☐ 75+ ☐