



Equality Monitoring Form

We want to make sure that the council is a fair and inclusive service provider. Your answers to the following questions, will help us make sure that everyone's needs are considered in council policy and practice. **The information you provide is anonymous will be kept confidential.** Only council employees will use this information.

To safeguard anonymity, this form will be separated from other material you send us and will be dealt with by a different set of council employees.

Your Gender: Male Female Prefer not to say
Do you identify yourself as trans ? Yes No Prefer not to say

Thank you for helping us continue to improve our policies and practices.

Year of Birth: Prefer to not say

Part of your postcode: Prefer to not say

(e.g. YO31 2)

Ethnic Origin:

Please choose one section from A-E and then tick the appropriate box to indicate your ethnic background or please tick this box:

I prefer to not say

A. White:

- British
- Irish
- Any other White background please specify:

B. Mixed Race:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background please specify:

C. Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Any other Mixed background please specify:

D. Black or Black British:

- Caribbean
- African
- Bangladeshi
- Any other Mixed background please specify:

E. Other Ethnic Groups:

- Gypsy
- Traveller
- Any other background please specify:

Do you consider yourself to be disabled?

Yes No

Prefer to not say

If you tick "Yes" , please tick as many boxes below as apply:

Physical impairment
(such as using a wheelchair to get around and / or difficulty using arms, legs etc)

Sensory impairment
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

Mental health condition
(such as depression or bipolar)

Learning disability
(such as Downs syndrome or dyslexia or cognitive impairment (such as autism or one resulting from head-injury)

Long-standing illness or health condition
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Partner preference:

- Heterosexual / Straight
- Lesbian / Gay woman
- Homosexual/ Gay man
- Bisexual

Prefer not to say

Relationship Status:

- Married
- Co-habiting
- Civil Partnership
- Single
- Other

Prefer not to say

Please tick the appropriate box to describe your religion or belief:

Prefer not to say

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No Religion
- Other please specify: