

Equality Monitoring Information Confidential

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 and will be kept confidential. Only people working for the council will process this information. Thank you for helping us continue to improve our policies and practices.

Your Gender:	Year of Birth:	
Male Female	Prefer not to say	
Prefer not to say Do you identify yourself as trans? Yes No Prefer not to say	1 st Part of your Posto (e.g. YO31 2) Prefer not to say	code:
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: Prefer not to 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 Any other Mixed background please specify:	E. Other Ethnic Groups: Gypsy Traveller Any other background please specify:

Which of the following best describes how you think of	Please tick the appropriate box to describe your religion or belief:	
yourself?	, ,	
Bisexual	☐ Prefer not to say	
Gay man	,	
Gay woman / lesbian		
Heterosexual / straight	Buddhist	
Other	Christian	
Prefer not to say	Hindu	
I Telef flot to say	Jewish	
Bolotionobin Status		
Relationship Status:	☐ Muslim	
Married	Sikh	
Co-habiting	No Religion	
Civil Partnership	Other please specify	<u>.</u>
Single		
Other		
☐ Prefer not to say		
Do you consider yourself to	Concorv	Lograina
Do you consider yourself to	☐ Sensory	Learning
be disabled?	impairment	disability
	(such as being	(such as Downs
☐ Yes ☐ No	blind / having a	syndrome or
	serious visual	dyslexia or
Prefer not to say	impairment or	cognitive
	being deaf / having	impairment
If you tick "Yes", please tick as	a serious hearing	 such as autism
many boxes as apply:	impairment)	or one resulting
		from head-injury)
Dhysical impairment	☐ Montal boolth	□ Long standing
☐ Physical impairment	■ Mental health	Long-standing
(such as using a	condition	illness or health
wheelchair to get	(such as	condition
around and / or	depression or	(such as cancer,
difficulty using arms,	bipolar)	HIV, diabetes,
legs etc)		chronic heart
		disease, or
		epilepsy)
Are you a carer?	☐Yes	A carer is someone who
Are you a carer?		looks after old/ill/
	□ No	
	∐ No	frail/disabled family/
		partners/friends without
		getting paid (except for
	☐ Prefer not to say	Carers Allowance).
		Excludes childcare
		responsibilities.