

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.

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

Year of Birth: Prefer to not say ☐

1st 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)

The information you provide is anonymous and will be kept confidential. Only council employees will process this information. Thank you for helping us continue to improve our policies and practices.

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: