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**Equality monitoring form**

Top of Form

* What was your age last birthday?



* Do you consider yourself to have an illness or disability which has lasted or is expected to last 12 months?
  + No
  + Physical disability
  + Learning disability
  + Mental health
  + Sight loss
  + Blindness
  + Hearing loss
  + Deafness
  + Other substantial and long term condition

If so, what support do you need?

……………………………………………………………. …………………………….

* What is your postcode?



* Which of the following best describes your religious beliefs
  + No religion
  + Christian
  + Buddhist
  + Hindu
  + Jewish
  + Muslim
  + Sikh
  + Other
* Which of the following best describes how you think of yourself?
  + White English / Welsh / Scottish / Northern Irish / British
  + White Irish
  + White East European
  + White other
  + Mixed white / Caribbean
  + Mixed white / African
  + Mixed white / Asian
  + Mixed other
  + Asian or Asian British Indian
  + Asian or Asian British Pakistani
  + Asian or Asian British Bangladeshi
  + Chinese or Chinese British
  + Asian or Asian British other
  + Black British / Caribbean
  + Black British / African
  + Black British other
  + 
  + Arab
  + Gypsy or traveller
  + Other –
    - * ………………………………………………………………….
  + 
* Are you pregnant or have you had a child in the last year?
  + Yes
  + No

Do you have caring responsibilities for

* One or more child(ren) under 5 years old?
* One or more child(ren) over 5 years but under 12?
* One of more child(ren) over 12 but under 16?
* An adult?

Bottom of Form