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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