**Equal Opportunities Monitoring Form**

Please complete this form, which will help us to check that we’re reaching all sections of the communities for which we provide services.

**Ethnic Background**

**Asian:**  Bangladeshi  Asian British  Indian  Pakistani  Other

**Black:**  African  Black British  Caribbean  Other

**White:**  White British  Irish  European  Other

**Other:**

Chinese  Latin American  Middle Eastern  Jewish

Mixed ethnicity  Gypsy, Roma or traveller  Other  Prefer not to say

**Sex**

Female  Intersex  Male  Prefer not to say

**Gender and gender identity**

Is your gender identity the same as you were assigned at birth?

Yes  No  Prefer not to say

If no, do you identify as:

Trans woman  Trans man Non binary  Other  Prefer not to say

**Sexual Orientation**

Bisexual  Lesbian  Gay  Heterosexual (straight)  Queer  Other  Prefer not to say

**Marriage, Civil Partnership & Relationship**

Married  Civil Partnership  Single  Co-habiting  Other  Prefer not to say

**Pregnancy and maternity**

Pregnant  Recent mother  Not applicable  Prefer not to say

**Disability, impairment or health issue**

Do you consider yourself to have a disability, impairment or health issue?

Yes  No  Prefer not to say

If you answered Yes, please specify:

Blind or visually impaired  Deaf or hearing impaired  Learning disability

Mobility impaired  Mental health issue  Other disability or impairment

Other health issue  Prefer not to say

**Religion or Belief**

Agnostic  Atheist  Buddhist  Christian  Hindu  Humanist

Jewish  Muslim  Sikh  Rastafarian  None  Other  Prefer not to say

**Age**

18-24  25-34  35-44  45-54  55-64  65-74

75 plus  Prefer not to say

**First half of postcode**