 **Speak Out Equalities Monitoring Form**

Please use this form to help us gather equalities information about our services. You are not obliged to fill this in, but it helps us to ensure that our services are open to everyone in the city and that we treat people fairly and appropriately.

Please tick or circle the following. This information will be stored confidentially and securely on our database. It is collated anonymously and used in monitoring reports for funders and for us to review which groups in the city are involved in our organisation. We

will only use it to make our services better.

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|  **Your name:**………………………………………………………… (Optional to include)  |
|  **What age are you?**   |  ……………       Prefer not to say   |
| **What gender are you?**  |   Male                 Female  Other – please state ……………  Prefer not to say  |
|  **Do you identify as the gender you were assigned at birth?**   |   Yes            No           Prefer not to say  |
|  **How would you describe your ethnic origin?**   |
|  **White**  English/Welsh/Scottish/ Northern Irish/British  Irish  Gypsy  Traveller  Polish  Portuguese  Sudanese  Any other White background (please give details) ……………………………  **Other Ethnic Group**  Turkish  Arab  Japanese  Any other ethnic group (please give details)  ………………………  Prefer not to say |  **Black or Black British**   African   Caribbean   Sudanese   Any other Black background (please give details)  …………………………  **Mixed**  Asian & White  Asian & Black   Asian & Black Caribbean   Black African & White  Black Caribbean &White    Any other mixed background (please give details) …................................ |   **Asian or Asian British**   Bangladeshi   Indian   Pakistani   Chinese   Any other Asian background (please give details)  ……………………………     **After you have ticked a box: If there is an ethnic category that is not included here that you think should be, please tell us what it is:**   ………………………………... |

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|  **Which of the following best describes your sexual orientation?**   |
| Heterosexual/ Straight   Lesbian/ Gay woman   Gay man   Bisexual   Other (please state) …………………………………………………………..   Prefer not to say   |

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|  **What is your religion or belief?**   |
|  I have no particular religion  Buddhist  Christian  Hindu  Jain  Jewish  Muslim   |  Pagan  Sikh  Agnostic  Atheist  Other (please state)  …………………………….  |  Other philosophical belief (please state)  ………………………..............   Prefer not to say   |
| **Are your day-to-day activities limited because of** **a health problem or disability** **which has lasted,** **or is expected to last,** **at least 12 months?**  |     Yes a little    Yes a lot    No (Do not answer the next question)    Prefer not to say  (Do not answer the  next question)   |
|  **If you answered ‘yes’, please state the type of impairment. If you have more than one please indicate all that apply. If none apply, please mark ‘other’ and write an answer in.**   |
|   Physical Impairment                                       Long-standing Illness   Sensory Impairment                                       Mental Health Condition                                Learning Disability/Difficulty                          Developmental Condition   Other (please state) ………………………………………………………………………  |
|  **Are you a carer?**   |  Yes          No          Prefer not to say   |
| **If yes, do you care for a…….?**  |    Parent   Child with special needs   Other family member   Partner / spouse   Friend   Other (please give details) …………………………………………   |
|  **Are you:** * Currently serving in the UK Armed Forces?
* A veteran/ex-serviceman or woman of the UK Armed Forces?
* A member of a serviceman or woman’s immediate family?
* A reservist or in part time service (eg: Territorial Army)?

  |          Yes                No         Yes                No       Yes                No         Yes                No   |