

Equality Data Collection Form

To help us provide the best services for all our communities, and to make sure that we avoid discriminating against any groups in our community, it is important for us to gather the following information.

This form is anonymous and no information that would identify you is asked for. All answers will be protected and stored securely in line with data protection rules and kept confidential.

You do not have to answer all of these questions, but we would be very grateful if you would as it assists us to make the right decisions when we are planning and buying services.

Postcode (1st part only) _____ eg. HX3/HD6 **Prefer not to say**

What is your sex? Female Male **Prefer not to say**

How old are you? _____

What is your country of birth? Please write in _____

What is your ethnic group or identity?

(please tick the box or write in the space provided)

Asian or Asian British

- Indian
- Pakistani
- Chinese
- Other Asian background

Black African/Caribbean or Black British

- African
- Caribbean
- Any other Black/African/Caribbean background _____

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic group

White

- British - English/Scottish/Welsh/Northern Irish
- Irish
- Gypsy/Traveller
- Any other white background

Other ethnic group

- Arab
- Any other background

Prefer not to say

Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if: ‘a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’

- Yes (detail below) No **Prefer not to say**

If yes, please tick impairment below (tick more than one if relevant)

- Hearing Visual Learning disability **Prefer not to say**
- Mental health condition Physical or mobility Long-standing illness or health condition e.g. cancer, diabetes, HIV Other/s _____

What is your sexual orientation? (please tick)

- Bisexual (both sexes) Lesbian (same sex) Gay man (same sex)
- Heterosexual (opposite sex) Other **Prefer not to say**

Do you consider yourself to belong to any religion?

- Yes (please tick below) No **Prefer not to say**
- Christianity Judaism Buddhism
- Islam Sikhism Hinduism
- Other (please state) _____

Are you transgender?

Is your gender identity different from the sex you were assumed to be at birth?

- Yes No **Prefer not to say**

Are you pregnant or have you recently had a baby?

- Are you pregnant? Have you given birth within the last 26 weeks? **Prefer not to say**

Are you a carer

Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

- Yes No **Prefer not to say**

Thank you for taking the time to complete this form.