



## Equality and Diversity monitoring form

If you do not want to answer any specific question then please leave it blank.

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

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

Yes     No    Prefer not to say

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age** 16-24  25-29  30-34  35-39  40-44  45-49   
50-54  55-59  60-64  65+  Prefer not to say

### What is your ethnic group?

#### White

English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

#### Mixed/multiple ethnic groups

White and Black Caribbean  White and Black African  White and Asian   
Prefer not to say  Any other mixed background, please write in:

#### Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please write in:

#### Black/ African/ Caribbean/ Black British

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

#### Other ethnic group

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**Yes  No  Prefer not to say 

If you have answered 'yes', please tick the box ('s) below that best describe your impairment. This information helps us improve access and remove barriers to our services.

- Hearing, e.g. profound to mild deafness
- Communication, e.g. speech
- Visual, e.g. blind or partial sighted
- Mobility or physical, e.g. walking, dexterity
- Long-term illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chronic asthma
- Learning, e.g. Downs syndrome
- Developmental, e.g. Dyslexia
- Impaired memory / concentration or ability to understand, e.g. Stroke, dementia, head-injury
- Mental ill health, e.g. Bi polar disorders, schizophrenia, depression
- Other (please state below)

What group do you identify most with?

Heterosexual  Gay woman/lesbian  Gay man  Bisexual Prefer not to say  If other, please write in:**What is your religion or belief?**No religion or belief  Buddhist  Christian  Hindu  Jewish Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

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**Employment Status** Student     Employed / self-employed     Retired     Other (please state below)**Please tell us any other considerations you would like us to know****Thank you for taking the time to complete this form.****Please return this form to:****Dr Jim Walsh, CEO****Email: [ceo@conwayhall.org.uk](mailto:ceo@conwayhall.org.uk)**