

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:

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