

**Equality and Diversity Monitoring Form 2011**

<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Do you now, or have you ever considered yourself Transgender?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information

I would describe my ethnic origin as		
<p><b>Asian</b></p> <input type="checkbox"/> Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani  <input type="checkbox"/> Any other Asian background  <p><b>Black</b></p> <input type="checkbox"/> Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Sudanese  <input type="checkbox"/> Any other Black background  .....	<p><b>Mixed</b></p> <input type="checkbox"/> Asian & White <input type="checkbox"/> Asian & Black African <input type="checkbox"/> Asian and Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background  .....  <p><b>White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy <input type="checkbox"/> Traveller <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Any other White background  .....	<p><b>Other Ethnic Group</b></p> <input type="checkbox"/> Chinese <input type="checkbox"/> Turkish <input type="checkbox"/> Arab <input type="checkbox"/> Japanese  <input type="checkbox"/> Any other ethnic group (please give details) ..... .....  <input type="checkbox"/> I do not wish to disclose this

Please select the option which best describes your sexual orientation
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Unsure <input type="checkbox"/> Other (please state) ..... <input type="checkbox"/> I do not wish to disclose this

**Please indicate your religion or belief**

<input type="checkbox"/> Agnostic <input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Pagan <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other  .....  <input type="checkbox"/> I have no particular faith <input type="checkbox"/> I do not wish to disclose this
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<b>Do you consider yourself to have a disability or long term limiting condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this
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**Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.**

<input type="checkbox"/> Physical Impairment  <input type="checkbox"/> Sensory Impairment  <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability / Difficulty  <input type="checkbox"/> Long-term illness  <input type="checkbox"/> Other (please state)  .....
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<b>Are you a carer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this
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<b>If yes do you care for .....</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other family member <input type="checkbox"/> Partner / spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other .....
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<b>What age are you?</b>	
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