

## Equalities Monitoring Form

### Gender

Male  Female

### Ethnicity

White: English	<input type="checkbox"/>	Asian/Asian British: Indian	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Asian/Asian British: Pakistani	<input type="checkbox"/>
White: Other	<input type="checkbox"/>	Asian/Asian British: Bangladeshi	<input type="checkbox"/>
Mixed: White and Black Caribbean	<input type="checkbox"/>	Black/Black British: Caribbean	<input type="checkbox"/>
Mixed: White and Black African	<input type="checkbox"/>	Black/Black British: African	<input type="checkbox"/>
Mixed: White and Asian	<input type="checkbox"/>	Black/Black British: Other	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>	Latin American	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Eastern European	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>		
Other: self-identification			

### Sexual Orientation

Bisexual  Gay Man  Lesbian/Gay Woman

Heterosexual/Straight  Other  Prefer not to say

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

Yes  No  FTM  MTF  Other  Prefer not to say

**Religion**

- Agnostic     Atheist     Bahai     Buddhist     Sikh   
Muslim     Pagan     Christian     Humanist     Hindu   
Jewish     No Religion     Prefer not to say   
other  (please specify) \_\_\_\_\_

**Disability**

Do you consider yourself to have a disability      Yes     No

**Age group**

- 16-25       26-35       36-50       51-65   
Over 65

**Refugee background**

Do you have a refugee background?    Yes     No

Thank you for taking the time to complete this form.