

Equality & Diversity Monitoring

We would be grateful if you could take a little time to complete this form by ticking the relevant boxes. The information will be used to enable us to monitor our compliance with Equal Opportunities practice, and to assist in the development of AVP.

The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above. **Please do not write your name on this page.**

1. AGE: Which age group do you belong to?

18-24 25-34 35-44 45- 55 over 55 Prefer not to say

2. Disability: Under the Equalities Act 2010 a person is considered to have a disability if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities.

Based on this definition do you consider yourself to be disabled?

Yes No Prefer not to say

If yes, please state your type of disability, for example visual impairment, hearing impairment, mobility disability, learning disability, communication difficulties, etc.

3. Ethnicity: How would you describe your ethnic origin?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box.

Black/ African/ Caribbean/ Black British

African Caribbean Any other Black/ African Caribbean background

Prefer not to say

Asian/Asian British: Indian Pakistani Bangladeshi East African Asian

Other (please specify) _____ Prefer not to say

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Mixed / multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Any other mixed background Prefer not to say

White

British Irish Other European Middle Eastern
Any other white background Prefer not to say

4 Gender: What is your gender?

Female Male non binary Other Prefer not to say

5 Religion: What is your religion?

No religion Buddhist Christian Hindu Jewish Muslim Sikh
Any other religion Prefer not to say

6 Sexual Orientation: What is your sexual orientation?

Heterosexual Lesbian/ Gay Bisexual Other Prefer not to say

7 Employment Status: What is your current employment status?

Employed Retired In education/training Unemployed
Prefer not to say

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