

Equality Monitoring Form

We recognise that the population of the East Midlands is diverse and changing. However the health and social care services we produce from our research may not always benefit everyone fairly. Minority communities are often overlooked at the research stage, leading to fundamental disparities in service. Completing this Form will help us to ensure that our work is fair. It will also help us meet the requirements of the Equality Act 2010.

While providing answers is voluntary, the more open and comprehensive you can be, the fuller the picture we create, thus benefiting the work we do to improve health services across the region. Your information will be anonymous, and kept confidential and private, though we may use the data from this Form for producing statistics, monitoring our work and planning our future research.

**Age**

 Under 16  16-19  20-29  30-44  45-59  60-74

 75 and over  Prefer not to say

**Gender**

 Male  Female  Intersex  Non-binary  Prefer not to say If you prefer to use your own term, please describe below

…………………………………………………………………………………………………………………………………………………

Do you identify as the same gender identity you were assigned to at birth?

 Yes  No  Prefer not to say

**Sexual Orientation**

What is your sexual orientation?

|  |  |
| --- | --- |
|  Asexual |  Bi/bisexual |
|  Gay man |  Gay woman/lesbian |
|  Heterosexual/straight |  Pansexual |
|  Prefer not to say |  Prefer to self-describe (please describe  below) |

**Pregnancy and Maternity**

Are you currently pregnant or have you been pregnant in the last year?

 Yes  No  Prefer not to say

**Marriage and Civil Partnership**

Are you currently?

|  |  |
| --- | --- |
|  Cohabiting |  Single (never married or never in a civil partnership) |
|  In a civil partnership |  Separated (but still legally married or in a civil partnership) |
|  Married |  Divorced or civil partnership dissolved |
|  Prefer not to say |  Widowed or a surviving partner from a civil partnership |

**Religion and Belief**

Do you have a religion or belief?

|  |  |
| --- | --- |
| * No religion * No belief | * Buddhist * Hindu |
| * Christian | * Muslim |
| * Jain | * Rastafarian |
| * Jewish * Sikh * Other religion or belief (please describe below) | * Spiritual * Pagan * Prefer not to say |

**Refugees and Asylum Seekers**

A refugee is a person who has been forced to flee their country because of persecution, war or violence and who has a well-founded fear of persecution for reasons of race, religion, nationality, sexual orientation, political opinion or membership of a particular social group. For the purposes of this Form, we are restricting the time period during which the person has arrived in the UK to the last five years. An Asylum Seeker is someone who is applying to achieve refugee status.

Are You?

 A Refugee (within the last five years)  An Asylum Seeker

**Ethnic Group**

What is your ethnic group? Please tick all that apply.

|  |  |
| --- | --- |
| White |  |
| * English/Welsh/Scottish/Northern Irish/British | * Irish |
| * Gypsy or Irish Traveller | * Any other white background (please describe below) |
| Mixed / Multiple Ethnic Groups |  |
| * White and Black Caribbean | * White and Black African |
| * White and Asian | * Asian and Black African |
|  | * Any other mixed / multiple ethnic background (please describe below) |
| Asian or Asian British |  |
| * Indian | * Pakistani |
| * Bangladeshi | * Chinese |
| * Any other Asian background (please describe below) |  |
| Black African / Black Caribbean / Black /Black British |  |
| * Caribbean | * African |
| * Any other African / Caribbean / Black background (please describe below) |  |
| Other Ethnic Group |  |
| * Arab | * Any other Ethnic group (please describe below) |

**Language**

What is your first spoken language?

|  |  |
| --- | --- |
| * English | * Gujarati |
| * Punjabi | * Polish |
| * Urdu | * Somali |
| * Arabic * Other | * Bengali * British Sign Language |

If you ticked other, please provide details below?

…………………………………………………………………………………………………………………………………………………

**Disability**

A disability is a physical or mental impairment which impacts substantially on your ability to do day-to-day activities and, which has lasted, or is expected to last for at least 12 months. People with HIV, Cancer and Multiple Sclerosis are deemed to be disabled upon diagnosis.

Do you have a disability?

 Yes  No  Prefer not to say

If yes, what best describes your disability? Tick all that apply

|  |  |
| --- | --- |
| * Physical Impairment | * Mental Health Condition |
| * Sensory Impairment | * Learning Disability |
| * Neurological Condition | * Long Standing Illness |
| * Neurodiverse Condition |  |

Please use this section to describe your disability further, if you so wish

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

**Caring Responsibilities**

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, age or other reasons cannot cope without their support. Do you have any caring responsibilities? (This includes parental responsibilities. Please tick all that apply).

|  |  |
| --- | --- |
| * None | * Primary carer of a child/children (under 18) |
| * Primary carer of a disabled child/children | * Primary carer or assistant of a disabled adult (over 18) |
| * Primary carer or assistant for an older person/people (over 65) | * Secondary carer (another person carries out main caring role) |
| * Prefer not to say |  |

**Geographical Location**

Please provide the first part of your home postcode (e.g. LE1) OR your location (e.g. Leicester)