

EQUALITY MONITORING FORM

Everyone different, everyone matters

The Council is trying to make sure that our services are accessed by as many customers and potential customers as possible. We recognise that every customer is different and that everyone matters. Monitoring is an essential part of tackling inequality and discrimination and, if done effectively, will help us check whether our policies, services and organisational culture are meeting the needs of our community. The information you provide will be kept confidential and will only be used by our departments and service areas.

Completion of this form or any part of it is voluntary

(Please tick the appropriate box)

Service User Age	Under 25	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>
	35 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65+	<input type="checkbox"/>		
Are the services you use	Adult	<input type="checkbox"/>	Child/Young Person	<input type="checkbox"/>
Are you disabled? 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Is your current gender the same as your birth gender?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How would you describe your sexual orientation?	Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
	Gay	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
	Prefer not to say			<input type="checkbox"/>
What is your ethnic origin?				
A White		B Mixed		
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	
Any other White background please write below:		White and Asian	<input type="checkbox"/>	
		Any other Mixed background please write below:		
C Asian or Asian British		D Black or Black British		
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	Any other background please write below:		
Other Asian background please write below:				
E Other ethnic groups				
Chinese	<input type="checkbox"/>			
Any other background please write below:				
What is your religion or belief?	Christian	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
	No religion	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
			Buddhist	<input type="checkbox"/>
			Muslim	<input type="checkbox"/>
			Prefer not to say	<input type="checkbox"/>