Equality Monitoring Information

**We collect and analyse information about our service users and workforce in order to check if we are operating fairly.**

**Age:**

Age Bands

* Under 25
* 25 – 34
* 35 – 44
* 45 – 54
* 55+
* Prefer not to say

**Disability:**

Do you consider yourself to be a Disabled person?

* Yes
* No
* Prefer not to say

(i.e. do you have physical or mental impairment which has a substantial long term adverse effect on your ability to carry out day to day activities?)

**Gender:**

* Male
* Female
* Something else
* Prefer not to say

**Transgender:**

Do you identify as transgender or do you have a trans history? (For the purposes of this question ‘transgender’ is defined as an individual who lives in a gender identity that is different to their sex assigned at birth).

* Yes
* No
* Prefer not to say

**Ethnicity:**

1. **White**
	* British
* Irish
* Eastern European
* Any other White Background (Please write in)
1. **Dual Heritage (tick all that apply)**
* Black Caribbean
* Black African
* Asian
* Chinese
* White
* Any other Mixed Background (please write in)
1. **Asian or Asian British**
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background (please write in)
1. **Black or Black British**
* Caribbean
* African
* Any other Black (please write in)
1. **Other ethnic group**
* Arab
* Any other back ground (please write in)
1. **Gypsy or Traveller**
* Romany Gypsy
* Irish Traveller
* Any other Gypsy or Traveller group (please write in)
1.  **Prefer not to say**

**Religion/Belief:**

* No religion
* Christian
* Buddhist
* Muslim]Hindu
* Jewish
* Sikh
* Something else (please write in)
* Prefer not to say

**Sexual orientation**

* Bisexual
* Gay
* Heterosexual
* Lesbian
* Something else (please write in)
* Prefer not to say

It is not essential to monitor all of the protected characteristics unless there is a requirement for the service to collect, consider and analyse the information to improve service delivery

**Other equality areas that a service may need to monitor:**

**Pregnancy and maternity:**

Are you pregnant or have you recently had a baby?

* Yes
* No
* Prefer not to say

**Marriage or civil partnership:**

Are you married?

* Yes
* No
* Prefer not to say

Have had a civil partnership?

* Yes
* No
* Prefer not to say