



# HARTCLIFFE HEALTH & ENVIRONMENT ACTION GROUP Equalities Monitoring Form

**Date:** .....

In all our work we value actions to redress health and social inequalities:  
As part of this we ask that you complete the form below. Please be assured that this information is held anonymously and confidentially in accordance with the Data Protection Act 1998. All questions are voluntary.

## **1 How would you describe your ethnic origin? (Please tick)**

### **White**

English/Welsh/Scottish/Northern Irish/British ( )

Irish ( )

Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller ( )

Eastern European ( )

Any other White background (please describe) \_\_\_\_\_

### **Mixed / multiple ethnic groups**

White and Black Caribbean ( )

White and Black African (non Somali) ( )

White and Asian ( )

Any other Mixed/multiple ethnic background (please describe) \_\_\_\_\_

### **Asian / Asian British**

Indian ( )

Pakistani ( )

Bangladeshi ( )

Chinese ( )

Any other Asian background (please describe) \_\_\_\_\_

### **Black / African / Caribbean / Black British**

African (non Somali) ( )

Somali ( )

Caribbean ( )

Any other Black / African / Caribbean background (please describe) \_\_\_\_\_

### **Other ethnic groups**

Arab ( )

Iranian ( )

Iraqi ( )

Kurdish ( )

Turkish ( )

Any other ethnic group (please describe) \_\_\_\_\_

Prefer not to say ( )

## 2 What is your gender?

Female ( )                  Male ( )                  Prefer not to say ( )

## 3 Are you transgender?

(Is your gender identity different from the gender you were assigned at birth?)

Yes ( )                  No ( )                  Prefer not to say ( )

## 4 What is your age group?

15 or under ( )                  16 to 24 ( )                  25 to 49 ( )                  50 to 64 ( )  
65 to 74 ( )                  75 and over ( )                  Prefer not to say ( )

## 5 Do you consider yourself to be a disabled person?

Yes ( )                  No ( )                  Prefer not to say ( )

**5b** It helps us to know whether we are reaching all disabled people, please can you tick the relevant impairment (disability) group below and you are welcome to tick more than one box if appropriate.

Physical impairment ( )                  Visual impairment ( )                  Hearing impairment ( )  
Deaf BSL user ( )                  Learning difficulties ( )  
Specific learning difficulties like dyslexia ( )                  Mental and emotional distress ( )  
A health condition e.g. HIV, multiple sclerosis, cancer ( )                  Prefer not to say ( )

## 6 Please say how you would you usually describe your sexual orientation?

Lesbian ( )                  Gay ( )                  Bisexual ( )  
Heterosexual (straight) ( )                  Prefer not to say ( )

## 7 What is your religion? (Each category includes all denominations and sects)

No religion ( )  
Christian ( )  
Buddhist ( )  
Hindu ( )  
Jewish ( )  
Muslim ( )  
Sikh ( )  
Any other religion or belief                  (Please describe) \_\_\_\_\_  
Prefer not to say ( )

**8 I do not wish to provide any of the information requested on this form** ( )