CCA DERRY~LONDONDERRY

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

This information is strictly controlled and the data used only for statistical summaries of information. Identities of individuals will not appear and the information will not be available for any other purpose other than equal opportunities monitoring.

Please answer the following questions by ticking the appropriate box and/or providing details as required.

1. Gender:
   - ❏ Female
   - ❏ Male
   - ❏ Non-binary
   - ❏ Prefer not to say
   - ❏ If you identify using a term not listed please write here ……

Do you identify as transgender or have a transgender history? For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender that is not the gender they were assumed at birth.
   - ❏ Yes
   - ❏ No
   - ❏ Not applicable
   - ❏ Prefer not to say

2. Date of Birth: …….

3. Religion:
   - ❏ Baha'i
   - ❏ Buddhist
   - ❏ Christian
   - ❏ Hindu
   - ❏ Jain
   - ❏ Jewish
   - ❏ Muslim
   - ❏ No Religion
   - ❏ Sikh

- ❏ Other, please state……..

4. Perceived Religious Affiliation/Community Background:
- ❏ Protestant
- ❏ Roman Catholic
- ❏ Neither
- ❏ Mixed
- ❏ Other, please state…….

5. Disability: under the Disability Discrimination (NI) Act 1995 a disabled person is defined as a person with "a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out a normal day's activity." Having read this definition, do you consider yourself to have a disability?
- ❏ Yes
- ❏ No

If yes are you registered disabled?
- ❏ Yes
- ❏ No

Which, if any, of the following impairments apply to you:
- ❏ Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- ❏ Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment
- ❏ Mental health condition, such as depression or schizophrenia
- ❏ Learning disability or cognitive impairment, such as Down's syndrome, dyslexia, autism, ADHD, head-injury.
- ❏ Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- ❏ Other, such as disfigurement (specify below if you wish)
- ❏ Other, please specify……..

6. Sexual Orientation:
- ❏ Bisexual
- ❏ Gay man
- ❏ Heterosexual
- ❏ Lesbian
- ❏ Pansexual
- ❏ Prefer not to say
- ❏ Queer
- ❏ If you use a term not listed, please specify…….

7. Family Status:

- ❏ No caring responsibilities
- ❏ Care for children/vulnerable adults
- ❏ Care for other relative
- ❏ Other, please specify……

8. Ethnic Origin & Cultural Background: How would you describe your ethnic origin? Choose section A to D and tick appropriate boxes to indicate your cultural background.

A White

- ❏ British
- ❏ English
- ❏ Irish
- ❏ Irish Traveller
- ❏ Lithuanian
- ❏ Northern Irish
- ❏ Polish
- ❏ Scottish
- ❏ Welsh
- ❏ Any other White background, please specify……

B Mixed/Duel Heritage

- ❏ Mixed Asian & White
- ❏ Mixed Black African & White
- ❏ Mixed Black Caribbean & White
- ❏ Any other Mixed background, please specify……..

C Asian / Asian British / Asian English / Asian Irish / Asian Northern Irish / Asian Scottish / Asian Welsh

- ❏ Asian – Bangladeshi
- ❏ Asian – Chinese
- ❏ Asian - Filipino
- ❏ Asian – Indian
- ❏ Asian – Japanese
- ❏ Asian – Korean
- ❏ Asian – Malaysian
- ❏ Asian - Pakistani
- ❏ Any other Asian background, please specify……..

D Black / Black British / Black English / Black Irish / Black Northern Irish / Black Scottish / Black Welsh

- ❏ Black - African
- ❏ Black - Caribbean
- ❏ Any other Black background, please specify……..

E Any other background, please specify……

9. Socio-economic Background
The questions below are matched with the Labour Force Survey and were developed for the Jerwood Foundation.

A What type of school did you go to?
- ❏ State run or funded school – non-selective
- ❏ State run or funded school – selective
- ❏ Independent/fee paying school
- ❏ Independent/fee paying school on a scholarship
- ❏ Prefer not to say

B Were you eligible for Free School Meals at any time during your school years?
- ❏ Yes
- ❏ No
- ❏ Not applicable (finished school before 1980 or went to school overseas)
- ❏ Don't know
- ❏ Prefer not to say

C What was the highest level of academic qualification of your parents/guardians?
- ❏ No formal qualifications
- ❏ Secondary School level
- ❏ ESOL/Literacy qualifications
- ❏ Further education (AS, A level, Diploma or NVQ level 2/3 or equivalent)
- ❏ Higher education (Graduate)
- ❏ Higher education (Post Graduate and Doctorate)
- ❏ Vocational training
- ❏ Not known
- ❏ Prefer not to say
- ❏ Other, please specify……