



## 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

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, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or 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
- Prefer not to say
- 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 ONE section A to E and then tick appropriate boxes to indicate your cultural background.

A White

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

B Mixed/Dual 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 Scottish / Asian Welsh

- Asian - Bangladeshi
- Asian - Filipino
- Asian - Indian
- Asian - Pakistani
- Any other Asian background, please specify.....

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

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

E Chinese / Chinese British / Chinese English / Chinese Irish / Chinese Scottish / Chinese Welsh

- Chinese
- Japanese
- Korean
- Any other Chinese background, please specify.....