

Service Equality Monitoring Form

We wish to ask you for the information below to ensure we provide an equitable service to all our service users regardless of background and beliefs. You do not have to provide this information if you do not want to, just leave blank any sections you do not want to complete.

Name: _____ **Date of Birth:** _____

Home Telephone number: _____ **May we leave a message?** _____

Work Telephone number: _____ **May we leave a message?** _____

Mobile Telephone number: _____ **May we leave a message?** _____

Email Address: _____

Do you serve or have you served in the Armed Forces?

Yes (Ex-Services/ Veteran)	<input type="checkbox"/>	Yes (Still in Service or Reserve)	<input type="checkbox"/>
Dependant (of ex-service member)	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Not Known	<input type="checkbox"/>

Ethnic Group – please tick

White British	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - Any Other Asian Background	<input type="checkbox"/>
White - Any Other	<input type="checkbox"/>	Black of Black British - Caribbean	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>	Black of Black British - African	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>	Black of Black British - Any other Black Background	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Mixed - Any Other Background	<input type="checkbox"/>	Gypsy	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Asian or Asian British - Chinese	<input type="checkbox"/>	Any Other Ethnic Group – Please Specify	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>		<input type="checkbox"/>

Country of Origin – please state

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Preferred Language – please state

English	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>
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Religion

Agnostic		Japanese (Shinto)	
Atheist		Jewish	
Baha'i		Muslim	
Buddhist		Pagan	
Chinese (Confucian or Taoist)		Rastafarian	
Christian- Catholic		Sikh	
Christian - Protestant		Spiritualist	
Christian - Other		Scientologist	
Hindu		Zoroastrian	
Humanist		Unknown	
Jainism		No religion or belief	
Prefer Not to Say			
Any other religion or belief - please specify			

Relationship Status

Divorced/Person whose Civil Partnership has been dissolved		Separated	
In a relationship		Single	
Living with Partner		Widowed/Surviving Civil Partner	
Married/Civil Partner		Prefer not to say	
Not Known			

How do you Identify?

Man (including trans man)		Intersex	
Woman (including trans woman)		Prefer not to say	
Non-Binary		Other Gender Identity - Please Specify	

Sexual Orientation

Bi-Sexual		Pansexual	
Gay Man		Other – Please Specify	
Gay Woman/ Lesbian			
Heterosexual/ Straight		Prefer not to say	

Do you consider yourself to have a Disability

Yes		No	
Prefer not to say			
If Yes:			
Acquired Brain Injury		Perception of Physical Danger	
Autism Spectrum Conditions		Personal, Self-Care and Continnence	
Behavioural / Emotional		Progressive Conditions and Physical Health (such as HIV, Cancer, Multiple Sclerosis, Fits etc.)	
Hearing		Sight	
Learning Difficulty		Speech, Language, Communication Needs	
Learning Disability		Other Conditions – Please Specify	
Manual Dexterity			
Mobility and Gross Motor		Prefer not to say	

Mobility

Fully Mobile		Mobility poor	
Immobile		Mobility very poor	
Mobility fair		Needs walking aid in home	
Mobility in home		Prefer not to say	
Mobility outside with aid			

Long Term Condition

Asthma		Non-Insulin Dependent Diabetes Mellitus	
Cancer		Insulin Dependent Diabetes Mellitus	
Chronic Kidney Disease		Multiple Sclerosis	
Chronic Muscular Skeletal		Other Respiratory Disease	
Chronic Obstructive Pulmonary Disease		Parkinson's Disease	
Chronic Pain including Fibromyalgia		Post- COVID- 19 Syndrome	
Coronary Heart Disease		Severe Mental Health Problems	
Dementia		Skin Condition including Eczema	
Digestive Tract Conditions		Stroke & Transient Ischaemic Attack	
Epilepsy		Other – Please Specify:	
Heart Failure			
Hypertension		Undiagnosed - Please Specify:	
Prefer not to say			

Living Arrangements (i.e. living with and property type; renting a flat with friend)

Please Specify:

Thank you for your time