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| **Wakefield District Health & Care Partnership logo** | **Equality Monitoring Form** |

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please visit our privacy notice – hyperlink.

If you would like help to complete this form or would like a form in a different format (such as large print) please contact XXXX or email XXXX.

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| **1. Who is this form about?** * Me
* Someone else – using their information

**2. What is the start of your postcode?**Eg: WF11 Yours: * Prefer not to say

**3. What is your gender?*** Male
* Female
* I describe my gender in another way(please say):
* Prefer not to say

**4. How old are you?**Eg: 42 You: * Prefer not to say

**5. Which country were you born in?*** United Kingdom
* Prefer not to say
* Other (please say):

**6. Do you belong to any religion?*** Buddhism
* Christianity (all denominations)
* Hinduism
* Islam
* Judaism
* Sikhism
* No religion
* Prefer not to say

Other (please say): | **7. What is your ethnic group?*** Prefer not to say

Asian or Asian British* Bangladeshi
* Chinese
* Indian
* Pakistani
* Other Asian background (please say):

Black or Black British* African
* Caribbean
* Other Black background (please say):

Mixed or multiple ethnic groups* White and Asian
* White and Black African
* White and Black Caribbean
* Other mixed background (please say):

White* English / Welsh / Scottish / Northern Irish / British
* Gypsy or Irish Traveller
* Irish
* Other White background (please say):

Other ethnic groups* Arab
* Any other ethnic background (please say):
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| 1. **Are you disabled?**
* Yes
* No
* Prefer not to say
1. **Do you have any long term conditions, impairments or illness?** (please tick any that apply)
* Physical or mobility impairment(such as using a wheelchair to get around and / or difficulty using your arms)
* Sensory impairment(such as being blind, partially sighted, deaf or hard of hearing)
* Mental health condition(such as having depression or schizophrenia)
* Learning, understanding, concentrating or memory(such as Down’s Syndrome, stroke or head injury)
* Neuro diverse conditions(such as cancer, HIV, diabetes, chronic heart disease or epilepsy)
* Other (please say):

**10. Are you a carer?** (Do you provide unpaid care/support to someone who is older, disabled or has a long term condition) * Yes
* No
* Prefer not to say

**11. Please select the option that best describes your sexual orientation*** Bi / Bisexual
* Gay
* Lesbian
* Heterosexual / straight
* Prefer not to say
* I prefer to use another term (please say):
 | **12. Do you consider yourself to be a Trans person?**Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.* Yes
* No
* Prefer not to say

**13. Do you/or anyone you live with get any of these types of benefits?** Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit.(we are asking this question to help us understand if being on a lower income affects experiences of services or health)* Yes
* No
* Prefer not to say

**14. Are you pregnant or have you given birth in the last 6 months?*** Yes
* No
* Prefer not to say

**15. Are you a parent / primary carer of a child or children, if yes, how old are they?*** 0-4
* 5-9
* 10-14
* 15-19
* Prefer not to say

**Thank you for taking the time to complete this form.** |

**Please return this form to:**

(Insert details of who the form needs returning to)