

**Your
Logo**

Bristol ChangeUp Consortium Equalities Monitoring Form



Please be assured that this information is held anonymously for monitoring purposes only and cannot be traced to you individually.

1. Race and Ethnicity

Choose one section from A – E then tick the appropriate box(es)

A) Asian or Asian British	B) Black or Black British	C) Chinese or other Ethnic Group	D) Dual Heritage	E) White
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>		White and Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Somali <input type="checkbox"/>		White and Asian <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
				Eastern European <input type="checkbox"/>
				Roma / Gypsy Showperson <input type="checkbox"/>
Any other Asian background <input type="checkbox"/> Please state	Any other Black background <input type="checkbox"/> Please state	Any other ethnic group <input type="checkbox"/> Please state	Any other mixed background <input type="checkbox"/> Please state	Any other White background <input type="checkbox"/> Please state
Prefer not to answer <input type="checkbox"/>				

2. Gender (Please tick):

Female

Male

Prefer not to answer

3. Transgender (Please tick):

Yes No Prefer not to answer

4. Age (please tick):

Under 18 40 – 50

19 – 25 51 – 64

26 – 39 65 or over Prefer not to answer

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Equalities Monitoring Form (continued)



5. Sexual Orientation (please tick):

- | | | | |
|--------------|--------------------------|----------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Lesbian or Gay | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |

6. Disability (please tick)

Do you consider yourself disabled?

- Yes No Prefer not to answer

Disabled people include people who: have a physical or sensory impairment; have learning difficulties; experience mental health and emotional distress; have conditions such as cancer, HIV or diabetes. (Please tick):

- | | |
|-------------------------------------|--------------------------|
| Hearing impairment | <input type="checkbox"/> |
| Learning difficulties | <input type="checkbox"/> |
| Mental illness | <input type="checkbox"/> |
| Mobility impairment | <input type="checkbox"/> |
| Physical co-ordination difficulties | <input type="checkbox"/> |
| Progressive illness | <input type="checkbox"/> |
| Reduced physical capacity | <input type="checkbox"/> |
| Severe disfigurement | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> |
| Unknown disability | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> |
| Prefer not to answer | <input type="checkbox"/> |

7. Faith: How would you describe your Religion and/or Belief? (Please tick):

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Don't know / not sure | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | | |
| Other faith, religion or belief (please state) | | | <input type="checkbox"/> |
| Prefer not to answer | <input type="checkbox"/> | | |

**If you would like to discuss this form please contact us on:
YOUR ORGS CONTACT**

Thank you for your help