

Equalities and Diversity Monitoring Form

You do not have to complete this form; however, any information you provide will help us in making an informed decision on our proposals. The information provided may be used in our reports; however, your personal details will remain confidential. If you wish to discuss the comments you have provided on this form with the Council in confidence please kindly include your contact details with your response.

Under the Equality Act 2010 the public is protected from unlawful discrimination if they have the following protected characteristics; age, marriage and civil partnerships, race, religion and belief, sex, gender reassignment, sexual orientation, disability and pregnancy and maternity.

Under that Act the Council also has a duty to consider what steps if any to take to eliminate discrimination against persons who share a relevant protected characteristic and those who do not share it.

Please place a tick in all the boxes that apply to you

Gender: Are you?		Is your gender identity different to the sex you were assumed to be at birth? Yes / No
Male	Yes / No	
Female	Yes / No	

Age: What is your age?							
0-15		16-24		25-34		35-44	
45-54		55-64		65-74		75-84	
85 +							

Ethnicity: What is your ethnic group? (please tick one box)		
White	English/ Welsh/ Scottish/ Northern Irish/ British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background (please say)...	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background (please say)...	
Black or Black British	Caribbean	
	African	
	Any other Black/African/Caribbean background (please say)...	
Mixed / multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed/multiple ethnic background (please say)...	
Other ethnic group	Arab	
	Any other ethnic group (please say)...	

Disability: Do you consider yourself to have a disability?			
Yes		No	
i.e. that you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities (please tick whichever apply)			
Physical impairment		Sensory impairment	
Long standing illness		Mental health condition	
Learning disability/difficulty		Other (please say)	
		...	

Sexuality: What is your sexuality?			
Gay		Heterosexual/straight	
Lesbian		Bisexual	
Transgender		Other	

Relationship: What is your relationship status?			
Never married and never registered a same-sex civil partnership			
Married		Separated	
Divorced		Widowed	
In a registered same-sex civil partnership			
Separated, but still legally in a same sex civil partnership			
Formerly in a same sex civil partnership which is now legally dissolved			
Surviving partner from a same sex civil partnership			

Pregnancy and maternity:		
Are you pregnant?	Yes / No	Prefer not to say
Have you given birth within the past 26 weeks?	Yes / No	Prefer not to say
Do you have dependent(s) aged 16 or under?	Yes / No	Prefer not to say

Religion and belief: What is your religion or belief?			
Buddhist		Muslim	
Christian		Sikh	
Hindu		No religion/belief	
Jewish		Other (please say)	

If you have responded to any of the questions on this form and believe your protected characteristics may be impacted by our proposals, it would help us if you can let us know how the proposals would affect you. If you complete this section and want the Council to contact you to discuss your response in confidence please provide your contact details.

Please submit this form with your consultation response either via email or the free post address as outlined in the accompanying consultation leaflet.