**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.

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**

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| **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  |

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

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| **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)…  |

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| **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)  |
| …  |

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

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| **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  |

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| **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.

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