

Equality Monitoring Form

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services include everyone's needs.

The information you provide will be kept confidential.

We will use your answers to pull together statistical information that the council will use to check the fairness of any services you receive. This information will only be used by Leeds City Council or shared with Education Leeds and the Housing Arms Length Management Organisations. They will only use this information for the same purposes as the Council.

You do not have to answer these questions. If you choose not to answer these questions, it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

Gender:

Male

Female

Date of Birth:

First part of Postcode (e.g. LS10):

Ethnic Origin:

Please choose one section from A-E, and then tick the appropriate box to indicate your ethnic background.

A. White

- British
- Irish
- Any other White background please write below

B. Mixed Race

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background please write below

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Kashmiri
- Any other Asian background please write below

D. Black or Black British

- Caribbean
- African
- Any other Black background please write below

E. Other ethnic groups

- Chinese
- Gypsy/Traveller
- Any other background please write below

Do you consider yourself to be disabled?

Yes

No

Type of Impairment:

- Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment, (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition, (such as depression or schizophrenia)
- Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Sexual Orientation:

Heterosexual/Straight

Lesbian/Gay woman

Gay man

Bisexual

Relationship Status:

Married

Civil Partnership

Co-habiting

Single

Other

Please tick the appropriate box to describe your religion or belief:

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Other (please specify) _____

Residency:

Are you a:

British / United Kingdom citizen?

Yes

No

If you are a national of another country, are you:

A EU National

A Refugee

An Asylum Seeker

A Student

Other