# Equality and Diversity Monitoring

Independent Choices aims to provide equal opportunities and fair treatment. Please complete the form and email or post to the address at the end. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998. This information will be treated confidentially and will be separated from your application on receipt. This information will not form part of your application If you choose not to complete this form, your application will not be affected. You may also send this form in a separate envelope if you wish.

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile of our volunteer base and to provide statistics for future funding. If you would like the form in an alternative format or would like help in completing the form, please contact a member of staff.

**Ethnicity**

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

|  |  |
| --- | --- |
| **Asian**🞎 Indian🞎 Bangladeshi🞎 Pakistani🞎 Any other Asian background | **Black**🞎 Caribbean🞎 African🞎 Any other Black background  |
| **Chinese or other ethnic group**🞎 Chinese | **Mixed**🞎 White and Black Caribbean🞎 White and Black African🞎 White and Asian🞎 Any other mixed background  |
| **White**🞎 English🞎 Irish🞎 Scottish🞎 Welsh🞎 Any other White background(please write in) | 🞎 Rather not say |

**Disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one’s ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

🞎 Yes 🞎 No 🞎 Rather not say

**Faith**

Which group below do you most identify with?

|  |  |  |
| --- | --- | --- |
| 🞎 No religion | 🞎 Baha’i  | 🞎 Buddhist |
| 🞎 Christian | 🞎 Hindu | 🞎 Jain |
| 🞎 Jewish | 🞎 Muslim | 🞎 Sikh |
| 🞎 Other (please write in) | 🞎 Rather not say |  |

**Sexual orientation**

How would you describe your sexual orientation?

|  |  |  |
| --- | --- | --- |
| 🞎 Bisexual  | 🞎 Heterosexual or ‘straight’ | 🞎 Rather not say |
| 🞎 Lesbian | 🞎 Other |  |

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞎 Rather not say