

# About You: Equalities Monitoring Form

The reason why we ask you these questions is so we can:

- Make our council services open to everyone in the city,
- Treat everyone fairly and appropriately when they use our services
- In consultations, make sure that we have views from all across the city.

The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services.

Your answers are completely anonymous and confidential. We will only use them to make services better. Information from forms is combined so you cannot be identified.

A **short guide** to these questions is available. Please ask if you would like it. You can also ask for a large print version. (Call 01273 292301 for assistance).

|  |  |
|--|--|
| <b>What age are you?</b>   | .....years<br><input type="checkbox"/> Prefer not to say   |
| <b>What gender are you?</b>  | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Other - please state .....<br><input type="checkbox"/> Prefer not to say |
| <b>Do you identify as the sex you were assigned at birth?</b><br>For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their sex. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Prefer not to say  |

## How would you describe your ethnic origin?

|   |  |  |
|---|--|--|
| <p><b>White</b></p> <p><input type="checkbox"/> English/Welsh/Scottish/<br/>Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any other White<br/>background (please give<br/>details)<br/>.....</p> <p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian<br/>background (please give<br/>details)<br/>.....</p> | <p><b>Black or Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black<br/>background (please give<br/>details)<br/>.....</p> <p><b>Mixed</b></p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black African &amp; White</p> <p><input type="checkbox"/> Black Caribbean &amp; White</p> <p><input type="checkbox"/> Any other mixed<br/>background (please give<br/>details)<br/>.....</p> | <p><b>Other Ethnic Group</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group<br/>(please give details)<br/>.....</p> <p><input type="checkbox"/> Prefer not to say</p> |
|---|--|--|



**Which of the following best describes your sexual orientation?**

- Heterosexual/Straight
- Lesbian/Gay woman
- Gay man
- Bisexual
- Other (please state) .....
- Prefer not to say

**What is your religion or belief?**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no particular religion</li> <li><input type="checkbox"/> Buddhist</li> <li><input type="checkbox"/> Christian</li> <li><input type="checkbox"/> Hindu</li> <li><input type="checkbox"/> Jain</li> <li><input type="checkbox"/> Jewish</li> <li><input type="checkbox"/> Muslim</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pagan</li> <li><input type="checkbox"/> Sikh</li> <li><input type="checkbox"/> Agnostic</li> <li><input type="checkbox"/> Atheist</li> <li><input type="checkbox"/> Other (please state) .....</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other philosophical belief (please state) .....</li> <li><input type="checkbox"/> Prefer not to say</li> </ul> |
|--|---|--|

- Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**
- Yes a little
  - Yes a lot
  - No (do not answer the next question)
  - Prefer not to say (do not answer the next question)

**If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'other' and write an answer in (examples are given in the guidance).**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Impairment</li> <li><input type="checkbox"/> Sensory Impairment</li> <li><input type="checkbox"/> Learning Disability/Difficulty</li> <li><input type="checkbox"/> Long-standing illness</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health condition</li> <li><input type="checkbox"/> Autistic Spectrum</li> <li><input type="checkbox"/> Other Developmental Condition</li> <li><input type="checkbox"/> Other (please state .....</li> </ul> |
|--|--|

- Are you a carer?**  
A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.
- Yes
  - No
  - Prefer not to say

- If yes, do you care for a.....?**
- Parent  Partner/spouse
  - Child with special needs  Friend
  - Other family member
  - Other (please give details).....

- Armed Forces Service:**
- Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)?  Yes  No
  - Have you ever served in the UK Armed Forces?  Yes  No
  - Are you a member of a current or former serviceman or woman's immediate family/household?  Yes  No

**Please return this form to the person who gave it to you. The data controller for this form is Brighton & Hove City Council.**

**Thank you for completing this form – it will help us improve our services for everyone.**