**Equal Opportunities Monitoring Form**

Equal People Mencap aims to ensure that all groups within our team, have equality of opportunity within their role; and that as many groups from the community are involved and included in the work it does. To help us monitor our progress, could you please answer the following questions and return the form to Sonia Timlett at stimlett@equalpeoplemencap.ord.uk

This information will be used only for statistical monitoring purposes. It will be kept separate. Please do not write your name in this form.

# We need to know this information so we can be sure we offer a fair service and employ a diverse workforce. Our Funders also ask us to give them information about the people we give services to or employ.

# Please tick the relevant boxes. It is confidential. If you don’t want to give all or some of your details, please tick the bottom box “prefer not to say”

Are you: Male ⃝ Female ⃝

Are you: Under 18 ⃝ 18 – 29 ⃝ 30 – 44 ⃝ 45 – 59 ⃝ 60 + ⃝

How would you describe your ethnic origin? Please tick the appropriate box.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| White  | British |  |
|  | Irish |  |
|  | Other White (Please specify) |  |
| Mixed | White and Black Caribbean |  |
|  | White and Black African |  |
|  | White and Asian |  |
|  | Other Mixed (please specify) |  |
| Asian or Asian British | Indian  |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Other Asian (please specify) |  |
| Black or Black British | Caribbean |  |
|  | African |  |
|  | Other Black (please specify) |  |
| Other Ethnic Group | Chinese |  |
|  | Other (please specify) |  |

**Belief**

|  |  |
| --- | --- |
| Christian |  |
| Muslim |  |
| Jewish |  |
| Buddhist |  |
| Sikh |  |
| Jain |  |
| Hindu |  |
| Baha’i |  |
| Other (Please specify) |  |
| No religion |  |
| Prefer not to say |  |

**Sexual Orientation (Only answer if you are aged 16 or above**)

|  |  |
| --- | --- |
| Heterosexual |  |
| Lesbian |  |
| Gay |  |
| Bisexual |  |
| Prefer not to say |  |

Do you consider yourself to have a disability? Yes ⃝ No ⃝

Are you registered disabled? Yes ⃝ No ⃝

Do you consider yourself to have a mental health issue, if yes, how we can support you?

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 Yes ⃝ No ⃝

Date: ……………………………………………………………

**THANK YOU**