

Equalities Monitoring Form

Why do we monitor?

Completion of this form is not mandatory, but we ask you to complete it so that we can:

- Understand if we are reaching a diverse audience;
- Make our council services open to everyone in the city;
- Treat everyone fairly and appropriately when they use our services;
- In consultations, make sure we have views from all parts of our community.

The Equality Act 2010 makes these aims part of our legal duties. Your answers help us to meet the law and help improve our services.

Your answers are completely anonymous and confidential. Information from forms is combined so you cannot be identified.

The information on this form will not be used as part of your application.

All information is confidential and will only be used under the strict controls of the Data Protection Act 1998.

What is your date of birth?	D	D	M	M	Y	Y	Y	Y
What gender are you?	<input type="checkbox"/> Male		<input type="checkbox"/> Female					
	<input type="checkbox"/> Other		<input type="checkbox"/> Prefer not to say					
Do you identify as the gender you were assigned at birth? For people who are transgender, the gender they were assigned at birth is not the same as their own sense of their gender.	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	<input type="checkbox"/> Prefer not to say							
How would you describe your ethnic origin?								
White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background Mixed <input type="checkbox"/> Asian & White <input type="checkbox"/> Black African & White <input type="checkbox"/> Black Caribbean & White <input type="checkbox"/> Any other mixed background	Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say						
Which of the following best describes your sexual orientation?								
<input type="checkbox"/> Heterosexual/ Straight			<input type="checkbox"/> Bisexual					
<input type="checkbox"/> Lesbian/ Gay woman			<input type="checkbox"/> Other					
<input type="checkbox"/> Gay man			<input type="checkbox"/> Prefer not to say					

What is your religion or belief?		
<input type="checkbox"/> No religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim <input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Other	<input type="checkbox"/> Other philosophical belief <input type="checkbox"/> Prefer not to say
Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (do not answer the next question) <input type="checkbox"/> 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 of these categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Other	<input type="checkbox"/> Long-standing Illness <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Developmental Condition	

Guidance Notes

Age

We ask your age to make sure that we don't stop anyone from using our services because they are too young or old (or think that they are too young or old).

Gender

We ask you about your gender, whether you are male or female, to make sure that our services meet the needs of women and men, boys and girls. Then we also ask this question:

'Is your gender identity the same as the gender you were assigned at birth?'

For many people their body and their sense of whether they are male or female matches up.

People who are transgender experience that the body they were born into is not the same as their own sense of their gender. Their gender identity is different from the one they were labelled with at birth.

We also add an 'Other' box to the gender choices so that people can define themselves as suits them.

Ethnic background

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our language, culture, ancestry or family history. Ethnic background is not necessarily the same as nationality or country of birth.

It is not possible to list all of the ethnic groups living in Brighton & Hove but we have used the ones listed in the census. Please tick the group which is closest to how you see yourself.

Sexual orientation

We ask about sexual orientation because people who are lesbian, gay or bisexual often experience discrimination or find that services do not meet their needs appropriately.

The law means that we must make sure we don't discriminate against people who are heterosexual, lesbian, gay or bisexual.

Religion or belief

We use the faiths listed in the census and covered by the law, which include the main religious groups in the country, people of no religion and people who hold other philosophical beliefs.

Disability

In law the definition of disability is:

A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

An 'impairment' is an injury, illness or condition that causes a loss or difference of physical or mental function. Disability comes from barriers in society that impact on this impairment.

'Long term' is more than 12 months. 'Day-to-day' activities include getting washed or dressed, reading or writing, household tasks, having a conversation, walking or travelling, and socialising.

Sensory impairment

Hearing: Deaf, partially deaf or hard of hearing, or

Vision: blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses.

Physical impairment

Mobility: wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis etc or

Physical Co-ordination: manual dexterity, muscular control or

Reduced Physical Capacity: inability to move everyday objects, significant pain and lack of strength, breath, energy or stamina eg asthma, angina or diabetes.

Mental health condition

Substantial and lasting more than a year eg severe depression, psychoses etc.

Learning Disability/Difficulties

This affects your capacity to be taught or to communicate. It can affect the way you listen, speak, write, or reason eg dyslexia.

Long Standing Illness

Such as cancer, HIV, multiple sclerosis.

Developmental Conditions

These are conditions present from early life and may affect language, learning, motor functions. They may include Autistic Spectrum Conditions and Asperger's.