

Equality monitoring form

South West Yorkshire Partnerships NHS Foundation Trust intends to embed equality and diversity values into everyday practice, policies and procedures so that equality becomes the norm.

In order to ensure that we provide the best service for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information. You do not have to answer any of these questions, but we would be very grateful if you would.

Date of birth:	<input type="checkbox"/> I prefer not to say
Race (taken from the Census categories 2011)	
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, write in:	
Mixed/multiple ethnic groups	
<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> White and Black African	
<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Any other mixed/multiple ethnic background, write in:	
Asian/Asian British	
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Any other Asian background, write in:	
Black/African/Caribbean/Black British	
<input type="checkbox"/> African	
<input type="checkbox"/> Caribbean	
<input type="checkbox"/> Any other Black/African/Caribbean/Black British background, write in:	
Other ethnic group	
<input type="checkbox"/> Arab	
<input type="checkbox"/> Any other ethnic group, write in:	
<input type="checkbox"/> I prefer not to say	

Language	What is your main language?
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<input type="checkbox"/> English <input type="checkbox"/> Other (including sign languages) write in:	
How well can you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not very well <input type="checkbox"/> Not at all	
Religion/belief <input type="checkbox"/> No religion <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish	<input type="checkbox"/> Agnostic <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Any other religion/belief, write in: <input type="checkbox"/> I prefer not to say
Disability Do you consider yourself to have of the following? (Please tick all that apply) <input type="checkbox"/> Mental health condition <input type="checkbox"/> Speech impairment <input type="checkbox"/> Physical impairment	<input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Long standing illness <input type="checkbox"/> Learning disability <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Other, please state: <input type="checkbox"/> I prefer not to say
Sexual orientation <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I prefer not to say	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Please tick if you live and work permanently in a gender other than that assigned at birth. <input type="checkbox"/> I prefer not to say	
Caring responsibilities Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy and maternity (Please tick one box) Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a baby in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage and Civil Partnership (Please tick one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> In a same sex civil partnership	<input type="checkbox"/> Co-habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated

