**Level Playing Field - Equality Monitoring Form**

Please help us by completing the following sections. It is entirely optional.

**Age Monitoring**

What age were you on your last birthday?       Prefer not to say

**Disability Monitoring**

Do you consider yourself to be a disabled person?

Yes  No

If yes, do you consider yourself to be:

A wheelchair user  Blind/Partially sighted

A person with limited mobility (non-wheelchair user)

An Intellectual or learning disabled Person

Deaf/Hard of hearing  Person with mental ill health

Other

If you stated other please specify:

**Gender Monitoring**

Are you: Male       Female       Non-binary/ third gender

Prefer to self-describe ……………………………………………… Prefer not to say

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

Yes       No       Prefer not to say

**Ethnicity Monitoring**

How would you describe yourself?

Choose one section from A to E and then tick the appropriate box.

**A White**

British  Irish  Scottish  English  Welsh

Any other white background, please state:

**B Mixed Heritage**

White and Black Caribbean  White and Black African

White and Asian

Any other mixed background, please state:

**C Asian or Asian British**

Indian  Pakistani  Bangladeshi

Any other Asian background, please state:

**D Black or Black British**

Caribbean  African

Any other black background, please state:

**E Chinese or other ethnic group**

Chinese

Other ethnic group please state:

**F**  **Prefer not to say**

**Sexuality Monitoring**

Heterosexual / Straight

Bisexual

Homosexual / Gay male

Lesbian / Gay female

Prefer not to state

Do you define yourself differently? – Please specify:

**Religion or Belief Monitoring**

**Please specify:**       **Prefer not to state**