**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 [ ]**