

Section 75: Equality Monitoring Form

This service / programme you are attending is funded by the Public Health Agency (PHA).

The collection of this information is important as it assists us to improve our services, promote equality and address diversity in the broadest sense.

To help us achieve this we would be grateful if you could complete the Equality Monitoring form below where you want to include your responses.

1. What is your sex?

Female Male Other (please specify) _____

2. Is the gender you identify with the same as your sex registered at birth?

Yes No (write in gender identity) _____

Prefer not to say

3. What is your country of birth?

Northern Ireland England Republic of Ireland
Scotland Wales Prefer not to say

Elsewhere (please tell us where) _____

4. What is your ethnic group?

White Black African Black Other
Chinese Filipino Indian
Irish Traveller Roma

Mixed Ethnic Group (please specify) _____

Any Other Ethnic Group (please specify) _____

Prefer not to say _____

5. Disability

In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-

term effect on a person's ability to carry out normal day-to-day activities.

Under this definition, do you consider yourself as having a disability?

Yes

No

Prefer not to say

5a. If yes, please indicate which type of impairment(s) applies to you. Please tick all that apply

Physical Impairment, e.g. difficulty using arms or requiring a wheelchair or crutches

Sensory Impairment, such as blind/ visual impairment or deaf /hearing impairment

Mental health condition, e.g. depression or schizophrenia

Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other (please specify) _____

Prefer not to say

6. How would you describe your Sexual Orientation?

Bisexual

Gay

Heterosexual

Lesbian

Prefer not to say

Other (please specify) _____

7. How would you describe your caring responsibilities? (Please tick all that apply)

Child(ren) under 18

An older person

A person with a disability

None

Prefer not to say

8. Please indicate your religion:

Buddhist

Catholic

Hindu

Jewish

Muslim

Protestant

Sikh

Prefer not to say

None

Other (please specify) _____

9. Please indicate your marital status:

Cohabiting

Divorced/Dissolved Civil Partnership

Married/Civil Partnership Separated
Single Widowed
Prefer not to say Other (please specify) _____

10. How would you describe your political opinion?

Broadly Nationalist Broadly Unionist Prefer not to say
Other (please specify) _____

11. What age were you on your last birthday?

17-24 25-34 35-44
45-54 55-64 65-74
75+

All responses to this questionnaire will be treated within the principles of confidentiality and anonymity. Use of this monitoring information will involve statistical summaries only which will be provided to the PHA. No information which could be used to identify you will be made available in any way.

All responses are processed in line with strict and robust current data protection obligations.

Thank you for completing this form.