

**Equalities Monitoring Form**

The information that you provide will be treated in the strictest confidence. It will only be used to monitor take up of services and to make sure that no individual or group of people are discriminated against in the provision of our services.

Rother District Council is committed to improving equality in its services. We do not want to disadvantage anyone by conditions or requirements that cannot be justified.

Please answer the following questions. Thank you for your help.

**Please tick 🗹 or 🗷 the most appropriate box**

**Q1. Gender** Male ❑ Female ❑ Prefer not to say ❑

**Q2. Do you identify as a transgender or trans person?**

Yes ❑ No ❑ Prefer not to say ❑

**Q3. Marital Status**

 Married ❑ Divorced ❑ Cohabiting ❑

 Single ❑ Widowed ❑ Separated ❑ Civil Partnership ❑

**Q4. Sexual Orientation**

 Heterosexual/ (straight) ❑ Gay Women/Lesbian ❑ Other ❑

 Bi/ Bisexual ❑ Gay Man ❑ Prefer not to say❑

**Q5. Age**

 Under 18 ❑ 18 -24❑ 25-34❑ 35-44❑ 45-54❑ 55-59❑ 60-64 ❑ 65+ ❑

**Q6. Ethnic Origin: I would describe my ethnic origin as:**

**White**

British ❑ Irish ❑ Any other White background ❑

**Multiple Heritage**

White & Black ❑ White & Black ❑ White & ❑ Any other multiple heritage ❑

African Caribbean Asian background

**Asian or Asian British**

Pakistani ❑ Indian ❑ Bangladeshi ❑ Any other Asian background ❑

**Black or Black British**

African ❑ Caribbean ❑ Any other Black background ❑

**Chinese or Chinese British**

Chinese ❑

 **Please turn over…**

**Gypsy or Traveller**

Traveller: Gypsy/Romany ❑ Traveller of Irish origin ❑ Other Traveller background ❑

**Other Ethnic Group** Please write in the box below

Other ❑

 **Q7. What is your religion or belief?**

Christianity ❑ Islam ❑ Judaism ❑ Hinduism ❑ Buddhism ❑ Sikhism ❑

Humanism ❑ None ❑ Other ❑

**Q8. First Language: what is your first or main language?**

 Please write in box below

 English ❑ Other ❑

**Q9. Disability: do you consider yourself to be disabled?**

 Yes ❑ No ❑

If your answer is ‘yes’ to question 9, please answer **question 10.** If your answer is ‘no’, you have completed the form and do not need to answer any more questions.

**Q10. Impairment**

Physical impairment ❑ Hearing impairment ❑

Visual impairment ❑ Communication and speech ❑

 impairment

Learning disabilities ❑ Mental health condition ❑

Long standing illness or ❑ Other ❑ Please write in below

 health condition

**Applicants for employment only:**

**Q11.** Do you want to be considered under the Disability Two Ticks Scheme? Yes ❑ No ❑

**Thank you for completing this form. The information provided will help us to improve our services to you and others in the Rother district.**

**This form should be returned to:**

**Rother District Council**

**Town Hall**

**Bexhill on Sea**

**TN39 3JX**

**Office Use Only** Month and year only please

**Q12. When was the form completed?**

**Q13. For which section or function was this information recorded?**

Recording: Click on the bar to the right for a list of services and functions, please select one

 **Q14. HR only Post No**.