

Complaints and Compliments Policy Appendix 3

Equality Monitoring Form

Equality monitoring helps us to find out who accesses WFHA and to ensure that WFHA is open to everyone in our community.

To help us achieve this aim we ask you to complete this monitoring form. You don't have to complete the form if you don't want to.

The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes.

The information you provide will be used for statistical purposes only. It is helpful if you complete all sections of the form.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

A. Your age

18 -24		45 – 54	
25 – 34		55 – 64	
35 – 44		65+	
Do not wish to declare			

B. Disability

The Disability Discrimination Act defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.

When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead you should think about the effect the impairment would have if these were not being used or made.

Taking this into account, do you consider yourself to be a disabled person?

Using this definition, do you consider yourself to have a disability?

Yes	
No	
Do not wish to declare	

C. Your ethnic group

(These are listed alphabetically)

Asian / British Asian

Bangladeshi	
Indian	
Pakistani	
British Asian	
Other Asian background (please specify if you wish:)	

Black African / Caribbean / Black British

African	
Caribbean	
Black British	
Other African/Caribbean background (please specify if you wish:)	

Multiple Ethnic Groups

White and Asian	
White and Black African	
White and Black Caribbean	
Other multiple ethnic background (please specify if you wish:)	

Other Ethnic Group

Please specify if you wish:	
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White

British / English / Welsh / Scottish / Northern Irish	
Gypsy or Irish Traveller	
Irish	
Any other white background (please specify if you wish:)	

I do not wish to declare my ethnicity

Do not wish to declare	
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D. Your sex

Male	
Female	
None of the above, I would describe my sex as:	
Do not wish to declare	

E. Is your sex the same as assigned at birth?

Yes	
No	
Do not wish to declare	

F. Your sexual orientation

Which of the following options best describes how you think of yourself?

Bisexual	
Gay / Lesbian	
Heterosexual / straight	
Other (please specify if you wish:)	
Do not wish to declare	

G. What is your legal marital or same-sex civil partnership status?

(These are based on the Census 2011 categories)

Not married / not in a Civil Partnership	
Married / in a Civil Partnership	
Do not wish to declare	

H. Your religion or belief

(These are based on the Census 2011 categories, and are listed alphabetically)

Which group below do you most identify with?

Buddhist	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Other religion or belief (please specify if you wish:)	
Do not wish to declare	

I. Are you pregnant?

Yes	
No	
Do not wish to declare	

Thank you very much for completing this form