British ❑ Irish ❑ Any other white background *{please specify}* ❑

|  |
| --- |
| **EQUAL OPPORTUNITIES MONITORING FORM** HCC is committed to equal opportunities and welcomes everyone without discrimination of race, class, culture, gender, marital status, physical ability, religion or sexual orientation. |
| **Ethnicity:** |
| **White:** |

|  |
| --- |
| **Mixed** **/multiple ethnic groups** |

White & Black African ❑ White & Black Caribbean ❑

White & Asian ❑ Other mixed background *{please specify}*❑

|  |
| --- |
| **Asian or Asian British:** |

Indian ❑ Pakistani ❑ Bangladeshi ❑ Chinese ❑ Other Asian background *{please specify}* ❑

|  |
| --- |
| **Black or Black British:** |

African ❑ Caribbean ❑

Other Black background *{please specify}* ❑

|  |
| --- |
| **Other Ethnic Group:** |

Afghani ❑ Arab ❑ Iraqi ❑

Latin American ❑ Middle Eastern ❑

Other Ethnic background *{please specify}* ❑

|  |
| --- |
| **Gender** |

Male ❑ Female ❑ Non-binary ❑

Prefer not to say ❑ Other *{please specify}* ❑

|  |
| --- |
| **Sexual identity:** |

Heterosexual ❑ Gay ❑ Lesbian ❑

Bisexual ❑ Prefer not to say ❑ Other *{please specify}* ❑

|  |
| --- |
| **Religion/Belief:** |

Agnostic ❑ Atheist ❑ Baha’i ❑

Buddhist ❑ Christian ❑ Hindu ❑

Jewish ❑ Muslim ❑ Rastafarian ❑

Sikh ❑ None ❑ Prefer not to say ❑

Other *{please specify}* ❑

|  |
| --- |
| **Disability:** |

Do you consider yourself to have a disability? Yes ❑ No ❑

*If yes, please specify:*

Blind or visual impairment ❑ Deaf or hearing impairment ❑

Learning Difficulty ❑ Mobility ❑

Mental health condition ❑ Prefer not to say ❑

Other *{please specify}* ❑

**The information on this form is collected to help us to evaluate and improve the services that we offer. The information will be kept confidential to HCC. Thank you for taking the time to complete this form.**