



EQUALITY MONITORING FORM

STRICTLY PRIVATE AND CONFIDENTIAL

Explanatory Note:

The Western Health and Social Care Trust wishes to ensure its services are accessible to everyone regardless of their age, gender, marital status, sexual orientation, transsexuality, religion, political opinion, race, nationality and whether or not they have a disability or dependents.

Whilst the completion of this monitoring form is optional, the Trust would appreciate your co-operation in order that it may monitor and evaluate that involvement in decision-making processes is accessible to all service users, carers and stakeholders.

ACCESS TO ANY INFORMATION SUPPLIED WILL BE STRICTLY CONTROLLED BY THE TRUST

1. COMMUNITY BACKGROUND

- I am a member of the Protestant Community
- I am a member of the Roman Catholic Community
- I am a member of neither the Protestant nor Roman Catholic Community

2. RELIGIOUS BELIEF

There may be occasions where religious belief differs from perceived community background. Would you please indicate below your religious belief (e.g. Muslim, Hindu, Sikh, Jewish, Buddhist, Christian, None, etc.)

Please specify: _____

3. GENDER

- Male
- Female

4. MARITAL STATUS

- Single
- Married/Civil Partnership
- Other

5. DISABILITY

Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities. *NB: When responding to this question, please **do not** take into consideration any medication, treatment or prostheses that help you manage your condition (with the exception of glasses or contact lenses).*

Do you consider yourself to have a disability? Yes No

If "Yes", please indicate the nature of your disability:

Physical Impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches

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

Mental Health Condition, such as depression or schizophrenia

Learning Disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism

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

Other _____

6. RACE/ETHNIC ORIGIN

White Black African

Bangladeshi Pakistani

Black Caribbean Irish Traveller

Chinese Indian

Filipino Mixed Ethnic Group

Black Other

Any other Ethnic Group (please specify) _____

7. NATIONALITY

(e.g. Latvian, Lithuanian, British, Portuguese, Irish, Polish, etc.)

Please specify: _____

8. POLITICAL OPINION

Broadly Unionist

Broadly Nationalist

Other

I do not wish to answer

9. CARING RESPONSIBILITIES

Do you have any dependants? Yes No

If "Yes", are you responsible for the:

- Care of a child/children
- Care of a dependent older person
- Care of a person(s) with a disability

10. DATE OF BIRTH

____ / ____ / ____

Please tick the age category to which you belong:

- 16 – 29
- 30 – 44
- 45 – 59
- Over 60

11. SEXUAL ORIENTATION

My sexual orientation is towards someone:

- Of the opposite sex
- Of the same sex
- Of the same sex and of the opposite sex
- I do not wish to answer

THANK YOU FOR YOUR CO-OPERATION