## **Equality Opportunity Monitoring Form**

## Why we need this information



NHS England is committed to promoting equality of opportunity.

This makes sure everyone has the chance to take part in the activities and decisions of the organisation.

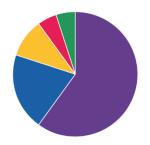


By filling in this form, you will help us understand who we are reaching and how we can better serve everyone in our community.



It will tell us about our PPV members, and to check we are fulfilling our commitments.

You have a right **not** to tell us the information.



## **Data protection**

The information you give us will **not** be stored with any identifying information about you.



Your information will **not** allow you to be identified.



All information is held in line with the Data Protection Act 1998.



The information that we need is in the 2010 Equality Act. It includes information about:

- age
- disability
- gender reassignment
- marital status
- maternity
- race
- religious belief
- sex and sexual orientation

## The form starts here Please tick the boxes which are relevant to you. **Ethnicity** Please tick the box for what you consider your ethnic origin to be. Asian/Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background

(More choices on the next page)

| Mixed/multiple ethnic groups                 |
|----------------------------------------------|
| White and Black Caribbean                    |
| ☐ White and Black African                    |
| ☐ White and Asian                            |
| Any other mixed/multiple ethnic background   |
| Black/African/Caribbean/ Black British       |
| Caribbean                                    |
| African                                      |
| Any other Black/African/Caribbean background |
|                                              |
|                                              |
|                                              |
|                                              |
| (More choices on the next page)              |

| White                      |
|----------------------------|
| ☐ English                  |
| ☐ Northern Irish           |
| Scottish                   |
| Welsh                      |
| British                    |
| ☐ Irish                    |
| ☐ Gypsy/Irish traveller    |
| Any other White background |
| Other ethnic group         |
| ☐ Arab                     |
| Any other ethnic group     |
| Rather not say             |
| ☐ Rather not say           |

| Age            |
|----------------|
| □ 10 − 14      |
| ☐ 15 – 19      |
| □ 20 – 24      |
| □ 25 – 34      |
| □ 35 – 44      |
| ☐ 45 – 54      |
| □ 55 – 64      |
| 65+            |
| Rather not say |
|                |

| Sex/Sexual orientation |
|------------------------|
| ☐ Male (M)             |
| Heterosexual           |
| Female (F)             |
| ☐ Gay man              |
| Lesbian                |
| Rather not say         |
| Other                  |
| Rather not say         |

| Gender re-assignment                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth, to the gender you identify with? |
| Or do you intend to?                                                                                                                                                |
| This could include:                                                                                                                                                 |
| changing your name                                                                                                                                                  |
| wearing different clothes                                                                                                                                           |
| taking hormones                                                                                                                                                     |
| <ul> <li>or having any gender reassignment surgery</li> </ul>                                                                                                       |
| Yes                                                                                                                                                                 |
| □ No                                                                                                                                                                |
| Rather not say                                                                                                                                                      |

| Religion / belief  |
|--------------------|
| ☐ No religion      |
| Buddhist           |
| Christian          |
| Hindu              |
| Jewish             |
| ☐ Muslim           |
| Sikh               |
| Atheist            |
| Any other religion |
| Rather not say     |

| Disability                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Disability Discrimination Act 1995 says a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |
| This includes conditions such as cancer, HIV, mental illness and learning disabilities.                                                                                                                                        |
| By this definition, do you consider yourself to have a disability?                                                                                                                                                             |
| Yes, limited a lot                                                                                                                                                                                                             |
| Yes, limited a little                                                                                                                                                                                                          |
| □ No                                                                                                                                                                                                                           |
| Rather not say                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                |
| Rather not say                                                                                                                                                                                                                 |

| If you selected yes, please tick your disability:                                   |
|-------------------------------------------------------------------------------------|
| ☐ Vision                                                                            |
| (e.g. blindness or partial sight)                                                   |
| Hearing                                                                             |
| (e.g. deafness or partial hearing)                                                  |
| ☐ Mobility                                                                          |
| (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)    |
| Learning, concentrating or remembering                                              |
| ☐ Mental health                                                                     |
| ☐ Stamina or breathing difficulty                                                   |
| ☐ Social or behavioural issues                                                      |
| (e.g. conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome) |
| Other impairment                                                                    |
| ☐ Prefer not to say                                                                 |

| Carer responsibility                                                                    |
|-----------------------------------------------------------------------------------------|
| Do you look after, or support family members, friends, neighbours or others because of: |
| Long-term physical or mental ill-health / disability     OR                             |
| Problems related to old age                                                             |
| Yes                                                                                     |
| □ No                                                                                    |
| Rather not say                                                                          |
| If yes, please show your responsibility (tick all that apply):                          |
| Primary carer of a child/children (under 18)                                            |
| Primary carer of disabled child/children                                                |
| Primary carer of disabled adult (18 and over)                                           |
| Primary carer of older person (65+)                                                     |
| ☐ Secondary carer                                                                       |
| Rather not say                                                                          |
| Where did you hear about this advert to apply?                                          |
|                                                                                         |