# Patient and public voice partners equal opportunities monitoring form

## Why we are asking you to complete this form

NHS England are committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

## Data protection

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and to ensure all our communities are fairly represented and includes information about deprivation age, race, sex and sexual orientation.

The information you provide may be used to inform discussions about how to improve the diversity of our PPV Partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with [NHS England's Privacy Policy](https://www.england.nhs.uk/contact-us/privacy-notice/) and the Data Protection Act 2018.

If you have a question or concern about how we process your data, or you would like us to delete your data from our records, you can contact us [nwregional.maternityteam@nhs.net](mailto:nwregional.maternityteam@nhs.net). If you are unhappy with how we have handled your data, you also have a right to complain to the Information Commissioner’s Office (ICO).

[NHS England's Privacy Notice](https://www.england.nhs.uk/contact-us/privacy-notice/) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will process your information in accordance with the requirements of the Data Protection Act 2018.

If you would like this information in an alternative format, or would like help in completing the form, please contact us [nwregional.maternityteam@nhs.net](mailto:nwregional.maternityteam@nhs.net)

## Equal opportunities information

1. What year were you born?

\_ \_ \_ \_

Prefer not to say

1. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

Yes, limited a little

Yes, limited a lot

No

Prefer not to say

If you answered ‘yes’ to question 2, please indicate your disability:

Vision (e.g. due to blindness or partial sight)

Hearing (e.g. due to deafness or partial hearing)

Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects

Learning or concentrating or remembering

Mental Health

Stamina or breathing difficulty

Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)

Other impairment

Prefer not to say

1. What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

A. White

Welsh/English/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please write in………………………………………….

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please write in……………………………………….....

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please write in…………………………………………..

D. Black or Black British

Caribbean

African

Any other Black background, please write in…………………………………………..

E. Other ethnic group

Arab

Any other, please write in………………………………………………………………...

Prefer not to say

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

Woman (including trans woman)

Man (including trans man)

Non-binary

In another way

Prefer not to say

1. Is your gender identity the same as the gender you were given at birth?

Yes

No

Prefer not to say

1. What is your legal marital or civil partnership status?

Divorced

Formerly in a registered civil partnership which is now dissolved

In a registered civil partnership

Married

Never married and never registered a civil partnership

Separated, but still in a registered civil partnership

Separated, but still legally married

Surviving partner from a registered civil partnership

Widowed

Prefer not to say

1. What is your religion?

No religion

Atheist

Buddhist

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Hindu

Jewish

Muslim

Sikh

Any other religion, please write in……………………………………………………….

Prefer not to say

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

Bisexual

Gay

Heterosexual / Straight

Lesbian

In another way

Prefer not to say

1. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50 or more hours a week

Prefer not to say

Thank you for completing these equal opportunities monitoring questions. Please return your completed application form and equal opportunities monitoring form by email to: [nwregional.maternityteam@nhs.net](mailto:nwregional.maternityteam@nhs.net)