**Equality and Diversity Monitoring Form**

Healthwatch Salford is committed to the fair treatment of all people. We are an organisation that seeks to involve and ensure people’s differences are reflected throughout our work with the diverse communities across Salford. Monitoring helps us to identify significant trends and differences between groups, and then to explore why they exist. This helps us to be more involving and inclusive of everyone and enables us to remove any unfair barriers, so everyone has an equal opportunity.

Please help us by answering each question. Your response will be treated in confidence. You do not need to identify yourself. The answers will be used to advance equality of opportunity between people.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** |  |  |  |  |  |
| 0 – 17 years | ❒ | 25 – 49 years | ❒ | 65 – 79 years | ❒ |
| 18 – 24 years | ❒ | 50 – 64 years | ❒ | 80 + years | ❒ |
| Prefer not to say | ❒ |  |  |  |  |
|  |  |  |  |  |  |
| **Disability**  Do you have a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out day to day activities? | | | | | |
| No | ❒ | Yes | ❒ |  |  |
| Prefer not to say | ❒ |  |  |  |  |
| If yes, please give details of the nature of your condition: | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender**  What is your gender? | | |  |  |  |
| Female | ❒ | Male | ❒ | Non-Binary | ❒ |
| Prefer not to say | ❒ |  |  |  |  |
| Other Gender (please describe): | | |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender Reassignment**  Is your gender different from the one you were assigned with at birth? | | | | | |
| No | ❒ | Yes | ❒ | Undergoing reassignment | ❒ |
| Prefer not to say | ❒ |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Marriage and Civil Partnership**  Are you married or in a civil partnership? | | |  |  |  |
| Married | ❒ | Divorced | ❒ | Widowed | ❒ |
| Single | ❒ | Civil Partnership | ❒ | Cohabiting | ❒ |
| Prefer not to say | ❒ |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pregnancy and Maternity**  Are you pregnant? | | | | |  | | | |  |  | |
| Yes | ❒ | | No | | ❒ | | | |  |  | |
| Prefer not to say | ❒ | |  | |  | | | |  |  | |
| **Race**  Which race do you identify as? *(including colour, nationality and ethnic or national origin)* | | | | | | | | | | | | |
| **Asian/Asian British** | | | |  | |  | |  | | |  | |
| Bangladeshi | | ❒ | | Indian | | ❒ | |  | | |  | |
| Chinese | | ❒ | | Pakistani | | ❒ | |  | | |  | |
| Any other Asian background (please describe): | | | | | |  | |  | | |  | |
|  | |  | |  | |  | |  | | |  | |
| **Mixed/multiple ethnicity** | | | |  | |  | |  | | |  | |
| White and Asian | | ❒ | | White and Black African | | ❒ | | White and Black Caribbean | | | ❒ | |
| Any other Mixed background (please describe): | | | | | |  | |  | | |  | |
|  | |  | |  | |  | |  | | |  | |
| **Black/African/Black British/Caribbean** | | | | | |  | |  | | |  | |
| African | | ❒ | | Caribbean | | ❒ | |  | | |  | |
| Any other Black background (please describe): | | | | | |  | |  | | |  | |
|  | |  | |  | |  | |  | | |  | |
| **White** | |  | |  | |  | |  | | |  | |
| British | | ❒ | | English | | ❒ | Gypsy or Irish Traveller | | | | ❒ | |
| Irish | | ❒ | | Northern Irish | | ❒ | | Scottish | | | ❒ | |
| Welsh | | ❒ | |  | |  | |  | | |  | |
| Any other White background (please describe): | | | | | |  | |  | | |  | |
|  | |  | |  | |  | |  | | |  | |
| **Other** | |  | |  | |  | |  | | |  | |
| Any other ethnic or national group (please describe): | | | | | | | |  | | |  | |
|  | |  | |  | |  | |  | | |  | |
| **Prefer not to say** | | ❒ | |  | |  | |  | | |  | |

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| --- | --- | --- | --- | --- | --- |
| **Religion or Belief System**  Which religion or belief system do you identify with? | | | |  |  |
| Buddhist | ❒ | Hindu | ❒ | Muslim | ❒ |
| Christian | ❒ | Jewish | ❒ | Sikh | ❒ |
| None | ❒ |  |  |  |  |
| Prefer not to say | ❒ |  |  |  |  |
| Other (please state): | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual Orientation**  What is your sexual orientation? | | | | | |
| Bisexual | ❒ | Gay man | ❒ | Gay woman/Lesbian | ❒ |
| Heterosexual (straight) | ❒ |  |  |  |  |
| Prefer not to say | ❒ |  |  |  |  |
| Other Sexual Orientation (please describe): | | | | |  |

Once this form has been completed, please return to us either by email to:

[info@healthwatchsalford.co.uk](mailto:info@healthwatchsalford.co.uk)

or by post to:

‘Confidential’

Alex Leach

Chief Officer

Healthwatch Salford

The Old Town Hall

5 Irwell Place

Eccles

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