



SECTION 2 - About You: Equalities Monitoring Form

We want to make sure that our services are available to everyone in the community and that everyone is treated fairly, with dignity when they use, or attempt to use our services.

We will only use the information on this form to help us improve services and to identify gaps or barriers. You do not have to fill in this form and you can answer just some questions.

The answers you provide are anonymous and confidential. Information collected using this form is combined together so it is not possible to link any responses back to an individual.

What age are you?	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36 -50 <input type="checkbox"/> 51-75 <input type="checkbox"/> 76-80 <input type="checkbox"/> over 85 <input type="checkbox"/> Prefer not to say		
Which of the following describes your gender identity?	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Neither of the above options <input type="checkbox"/> Prefer not to say		
Have you always fully identified with the gender you were registered as at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
How would you describe your ethnic origin?			
White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Roma <input type="checkbox"/> Traveller of Irish origin <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Sudanese <input type="checkbox"/> Any other White background (please give details)	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Sudanese <input type="checkbox"/> Any other Black background (please give details) Mixed <input type="checkbox"/> Asian & White <input type="checkbox"/> Asian & Black African <input type="checkbox"/> Asian & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background (please give details)	Other Ethnic Group <input type="checkbox"/> Turkish <input type="checkbox"/> Arab <input type="checkbox"/> Japanese <input type="checkbox"/> Any other ethnic group (please give details) <input type="checkbox"/> Prefer not to say <u>After</u> you have ticked a box: If there is an ethnic category that is not included here that you think should be, please tell us what it is: 	



Which of the following best describes your sexual orientation?		
<input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Lesbian/ Gay woman <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Other (please state) <input type="checkbox"/> Prefer not to say		
What is your religion or belief?		
<input type="checkbox"/> I have no particular religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other philosophical belief (please state) <input type="checkbox"/> Prefer not to say
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No (You do not need to answer the next question) <input type="checkbox"/> Prefer not to say (You do not need to answer the next question)	
If you answered 'yes' to the last question, please state the type of impairment which applies to you. If you have more than one impairment please indicate all that apply. If none of the categories apply, please mark 'other' and write an answer in.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment Disability/Difficulty <input type="checkbox"/> Other (please state)		
<input type="checkbox"/> Long-standing Illness <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Learning		
Are you a carer? This means you look after or give help or support to family members, friends, neighbours or others because of either; long term physical or mental ill health because of a disability, a problem related to age. Please do not count anything you do as part of your employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
If yes, do you care for a.....?	<input type="checkbox"/> Parent <input type="checkbox"/> Child with special needs <input type="checkbox"/> Other family member <input type="checkbox"/> Partner / spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other (please give details)	

Please return this form either to the person who gave it to you or to the Employee Resourcing Department,
South East Coast Ambulance Service NHS Foundation Trust, The Horseshoe, Bolters Lane, Banstead, Surrey
SM7 2AS

Thank you for completing this form