**Diversity Monitoring**

By completing this form, you will help us at We Are Survivors to evaluate the accessibility and appropriateness of our events and services to people with protected characteristics. Many funders require us to collect this information and it helps us to meet our obligations under the Equality Act 2010 when providing a service on behalf of a public body.

Please tick as many boxes as suits your identity.

Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year of Birth** |  |  | **Gender at Birth** |  |

|  |  |
| --- | --- |
| **Is your gender the same now as it was at birth?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What is your ethnic origin? Please X the box that best describes you.** | | | |
|  | Asian – Bangladeshi |  | Asian – British |
|  | Asian – Indian |  | Asian – Pakistani |
|  | Asian – Other | | |
|  | African – British |  | African – Caribbean |
|  | African – Other | | |
|  | White – British |  | White – European |
|  | White – Irish |  | White – Scottish |
|  | White – Welsh |  | White – Other |
|  | Other – Chinese |  | Other – Latin American |
|  | Other – Middle Eastern |  | Other – Jewish |
|  | Other – Mixed Ethnicity |  | Other – Gypsy, Roma or Traveller |
|  | I prefer not to say | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you describe your sexuality** | | | |
|  | Straight (Heterosexual) |  | Gay (Homosexual) |
|  | Lesbian (Homosexual) |  | Bisexual |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Cont/…

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you describe your current ‘martial’ status?** | | | |
|  | Single |  | Co-Habiting |
|  | Marriage |  | Civil Partnered |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you describe your current ‘religious’ identity?** | | | |
|  | Agnostic |  | Atheist |
|  | Buddhist |  | Christian |
|  | Hindu |  | Humanistic |
|  | Jewish |  | Muslim |
|  | Sikh |  | None |
|  | Other |  | Prefer not to say |

The Disability Discrimination Act describes a disability as *“a physical or mental impairment which has a substantial and long-term effect upon a person’s ability to carry out normal day-to-day activities”.* Using this definition, please tick the relevant box:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I would |  | I would not | consider myself to have a disability |
|  | I would |  | I would not | require any special adaptations / equipment to take up a role |
| If so please specify: | | | | |