

Equal Opportunities Monitoring Form 7

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you. You do not have to complete this form, but it will help us to improve our services if you do. For further information, please call The Private Sector Housing Team on (01432) 260676 or e-mail [insert e-mail address] or refer to the 'Diversity Monitoring' pages on our website (www.herefordshire.gov.uk/diversity).

Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

1) Your gender:

Male Female Other (please specify):

2) Your age:

0-15 yrs 16-24 yrs 25-44 yrs 45-64 yrs 65-74 yrs 75+ yrs

3) Disability:

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?

If YES, please specify (tick all that apply):

Deaf/hard of hearing/acute hearing Mental health
 Blind/partially sighted/sensitive to light Progressive/chronic illness (e.g. MS, cancer)
 Learning disability or difficulty Mobility difficulties
 Other (please specify):

4) Your sexual orientation (please tick one only):

Heterosexual Gay Lesbian
 Bisexual Prefer not to say

5) Your religion/belief (please tick one only):

Christian Muslim Jewish
 Hindu Sikh Buddhist
 None Other (please specify)

6) Your national identity (please tick one box only):

British Scottish Welsh
 English Irish Other (please specify)

7) Your ethnicity (please tick one box only):

WHITE	<input type="checkbox"/> British <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Romany/Gypsy <input type="checkbox"/> Other White background (please specify):
BLACK	<input type="checkbox"/> British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background (please specify):
ASIAN	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi Other Asian background (please specify):
CHINESE	<input type="checkbox"/> British <input type="checkbox"/> Chinese Other Chinese background (please specify):
MIXED	<input type="checkbox"/> British <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Chinese Other Mixed background (please specify):
OTHER	Any other background (please specify):

8) Your Postcode:

