

## Equality and diversity monitoring form

**LGBT+ Over50s County Durham** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of its service users and encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this. **Filling in this form is voluntary**

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1) **Gender** Male  Female  Prefer not to say

Is this the gender you were assigned at birth? Yes  No  Prefer not to say

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2) **Are you married or in a civil partnership?** Yes  No  Prefer not to say

3) **Do you live alone?** Yes  No  Prefer not to say

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4) **Age** under 21  21-29  30-39  40-49  50-59   
60-69  70-79  over 80  Prefer not to say

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5) **What is the first part of your postcode?**

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6) **What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

### **White**

English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

### **Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African   
White and Asian  Prefer not to say  Any other mixed background, please write in:

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

**Other ethnic group**

Arab  Prefer not to say  Any other ethnic group, please write in:

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7) **Do you consider yourself to have a disability or health condition that affects your daily activities?**

Yes  No  Prefer not to say

**If you ticked yes, please state the conditions(s) which apply to you**

Physical Impairment  Hearing Impairment  Visual Impairment

Mental Health Condition  Learning Disability/Difficulty

Long-Standing illness  Other  Please describe

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8) **Do you provide care and support for someone? This could be a friend, a relative or someone who lives with you.**

Yes  No  Prefer not to say

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9) **What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say  If other, please write in:

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10) **What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu

Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

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