

EQUALITY MONITORING FORM

South Kesteven District Council wants to make sure that our services are provided to all customers fairly and equally. Also, the Council has a duty to eliminate unlawful discrimination. To do this we need to know how our policies and practices affect different groups of people. Please help us by completing the form below. This information will be treated as strictly confidential and will only be used for monitoring purposes.

Racial/ethnic origin:

A. White	B. Mixed	C. Asian or Asian British	D. Black or Black British	E. Chinese or Other Racial Group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black African <input type="checkbox"/>	Other Racial Group <input type="checkbox"/>
Roma/Gypsy <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Traveller of Irish heritage <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
Other White <input type="checkbox"/>				

Nationality:

My nationality is:	Prefer not to say <input type="checkbox"/>
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Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Age:

What was your age at your last Birthday? -----

Disability:

Do you consider yourself to be disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer no to say <input type="checkbox"/>
Do you have any long-term illness, health problems or disability that, with or without the use of aids or medication, limits your daily activities? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer no to say <input type="checkbox"/>

Religion:

Do you regard yourself as belonging to any particular religion? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes which one?			
*Christianity includes Church of England, Catholic, Protestant and all other Christian denominations			
*Christianity <input type="checkbox"/>	Buddhism <input type="checkbox"/>	Hinduism <input type="checkbox"/>	Judaism <input type="checkbox"/>
Islam <input type="checkbox"/>	Sikhism <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Sexual Orientation:

Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Thank you for your time and support in completing this survey