**Motherwell & District Women’s Aid**

**Equal Opportunities Monitoring Form**

Motherwell & District Women’s Aid is committed to being an equal opportunities charity. To assist in the implementation and monitoring of this, service users are asked to provide the information below. You **do not** have to answer any or all the questions, but it would assist us to monitor the effectiveness of our service if you do so.

The information you provide is for monitoring purposes only and will not be used for any other reason. The information will be treated in the strictest confidence.

**Personal Details**

**Please Circle as appropriate**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Name: |  |
| Age: | 16-24 25-34 35-44 45-54 55-64 65+ |
| Do you have any dependants? |  |
| If yes | Children under 16 years Sick, Disabled or elderly relative or friend |

**Ethnic Origin**

**Please circle as appropriate**

**Asian or Asian British**  **Mixed**

Bangladeshi Black and White Caribbean

Indian Black and White African

Pakistani Asian and White

Any other Asian background Any other Asian background

Please specify below if you wish Please specify below if you wish

……………………………………………….. ………………………………………………..

Black or Black British **White**

African British

Caribbean Irish

Any other Black background Welsh

Please specify below if you wish Any other white background

……………………………………………… Please specify below if you wish

 ……………………………………………….

Chinese or Other ethnic group Prefer not to say

Chinese

Any other

Please specify below if you wish

………………………………………………

**Sexual Orientation**

**Please circle as appropriate**

Gender Male Gender Female

Bisexual Heterosexual/straight

Gay Woman/Lesbian Non-Binary

Transsexual Transgender

Prefer not to say

**Diversity**

**Please circle as appropriate**

**Black & Ethnic Minorities Disability**

**Travel Community Not Disclosed**

**Under the Disability Discrimination Act 1995, a disability is defined as “A physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities.” Having read this definition do you consider yourself to have a disability.**

**Please circle as appropriate**

**Yes No Prefer not to say**

**Are you registered disabled? Yes No**

**Please describe your disability**

|  |
| --- |
|  |

**Religion or belief: Please circle one of the following.**

**No religion Jain Prefer not to say**

**Baha’i Jewish**

**Buddhist Muslim**

**Christian Sikh**

**Hindu Other, please specify if you wish…………**