

About You: Equalities Monitoring Form

The reason why we ask you these questions is so we can:

- Make sure that WWDAS is accessible and open to everyone,
- Treat everyone fairly and appropriately when they use our services
- In consultations, make sure that we have views from across the areas we work in.

The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services.

Your answers are completely anonymous and confidential. We will only use them to improve the way we work. Information from forms is combined so you cannot be identified.

Date:

1. What age are you?

.....years

Prefer not to say

2. What gender are you?

Male Female

Other - please state

Prefer not to say

3. Do you identify as the sex you were assigned at birth?

For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

Yes

No

Prefer not to say

4. How would you describe your ethnic origin?

White

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please give details)
-

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian background (please give details)
-

Black or Black British

- African
- Caribbean
- Any other Black background (please give details)
-

Mixed

- Asian & White
- Black African & White
- Black Caribbean & White
- Any other mixed background (please give details)
-

Other Ethnic Group

- Arab
- Any other ethnic group (please give details)
-
- Prefer not to say

5. Which of the following best describes your sexual orientation?

- | | |
|---|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Other (please state) | |
| <input type="checkbox"/> Prefer not to say | |

6. What is your religion or belief?

- | | | |
|--|--|--|
| <input type="checkbox"/> I have no particular religion | <input type="checkbox"/> Pagan | <input type="checkbox"/> Other philosophical belief (please state) |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Agnostic | |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Atheist | |
| <input type="checkbox"/> Jain | <input type="checkbox"/> Other religion (please state) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish | | |
| <input type="checkbox"/> Muslim | | |

7. Do you speak any of the following languages? Please indicate your first language and any others you speak.

- English
 Welsh
 Other (please state.....)
 Prefer not to say

8a. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes a little
 Yes a lot
 No (do not answer 8b)
 Prefer not to say (do not answer 8b)

8b. If 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in (examples are given in the guidance).

- | | |
|---|--|
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Mental Health condition |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Autistic Spectrum |
| <input type="checkbox"/> Learning Disability/Difficulty | <input type="checkbox"/> Other Developmental Condition |
| <input type="checkbox"/> Long-standing illness | <input type="checkbox"/> Other (please state |

9a. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

- Yes
 No (do not answer 9b)
 Prefer not to say (do not answer 9b)

9b. If yes, do you care for a.....?

- Parent Partner/spouse
 Child with special needs Friend
 Other family member
 Other (please give details).....

10. Armed Forces Service:

- | | | | |
|--|------------------------------|-----------------------------|--|
| • Are you <u>currently</u> serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| • Have you <u>ever</u> served in the UK Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| • Are you a member of a current or former serviceman or woman's immediate family/household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

Please return this form via email to: info@westwalesdas.org.uk or by post to WWDAS, 42 Portland Rd, Aberystwyth, SY23 2NL.

The data controller for this form is West Wales Domestic Abuse Service.

Thank you for completing this form: it will help us improve our services for everyone.