

Equal Opportunities Monitoring Form

We monitor all forms received and treat this information confidentially in accordance with the Data Protection Act. Please answer by placing a tick in the empty cell.

GENDER

Please tick as appropriate.

Male	
Female	

AGE

Please tick as appropriate.

Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65+	

DISABILITY

The Disability Discrimination Act (DDA) defines a disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”. An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider yourself disabled under the definition stated by the DDA?

Please tick as appropriate.

Yes	
No	

If Yes, then please specify your disability by ticking the appropriate boxes below.

Deafness or severe hearing impairment	
Blindness or severe vision impairment	
A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting and carrying)	
A learning disability (such as Down's syndrome)	
A learning difficulty (such as dyslexia or dyspraxia)	
A mental health condition (such as depression or schizophrenia)	
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)	
Other condition	
None of these	

ETHNIC GROUP

Please tick the option that best applies to you.

White	
English/Welsh/Scottish/Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
Any other white background	
Mixed	
White & Black Caribbean	
White & Black African	
White & Asian	
Any other mixed/multiple/ethnic background	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian background	
Black or Black British	
African	
Caribbean	
Any other Black/African/Caribbean background	
Other ethnic group	
Arab	
Any other ethnic group (please state)	
Don't know	

RELIGION AND/OR BELIEF

Please tick the option that best applies to you.

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Yes, another religion (please state)	
Prefer not to say	
Non-religious/atheist	
Agnostic	

SEXUAL ORIENTATION

Which of the following best describes how you think of yourself?

Heterosexual/Straight	
Gay man	
Gay woman/Lesbian	
Bisexual	
Other (please specify)	
Prefer not to say	

GENDER IDENTITY

Is your current gender the same as the one you were assigned at birth?

Yes	
No	
Prefer not to say	

Please tell us how you found out about this position's advertisement

Healthwatch Manchester Website		Email bulletin	
Word of Mouth		Social media	
Other Website		Other (please specify below)	
News ad			

Information held by Healthwatch Manchester complies with the Data Protection Act. This form is to ensure that we engage with a variety of people from different backgrounds, and that our organisations reflect the diversity of our communities.