



MHAP EQUALITIES & DIVERSITY MONITORING INFORMATION

We collect this information to help us make sure we know who our service users are and to make sure that we are delivering the right kind of service in our community. Please feel free to leave questions which you do not wish to answer.

Please describe your gender identity? *please tick the appropriate box*

Male Female Prefer not to say

Is your gender identity the same as the gender you were assigned at birth? *please tick the appropriate box*

Yes No Prefer not to say

Are you currently pregnant or have you had a baby in the last 6 months? *please tick the appropriate box*

Yes No Prefer not to say

How old are you? *please tick the appropriate box*

18- 18-25 26-35 36-45 46-55 56- 65 65+

What is your religion or belief? *Please tick the appropriate box*

None Christian Hindu Jewish Muslim Sikh

Buddhist Prefer not to say Any other (please write in)

How would you describe your ethnic origin? *Please tick one box only*

A) White B) Mixed/Multiple ethnic C) Asian or Asian British D) Black or Black British

		<u>Background</u>					
English	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Other mixed/	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	multiple background		Other Asian	<input type="checkbox"/>		
Gypsy or Traveller	<input type="checkbox"/>			background			
Other White background	<input type="checkbox"/>						

E) Other ethnic group (please state)

F) Prefer not to say

If you are 16 or over which of the following options best describes how you think of yourself? *Please tick the appropriate box*

Bisexual	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Married	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	Single	<input type="checkbox"/>	Other	<input type="checkbox"/>

Thank you for completing this information. It will be treated in confidence.