## **Best Practice Monitoring Form (adaptable for services) (PAPER BASED/VERBAL COLLECTION).**

The Council is committed to the principle of equal opportunities and having a clear picture of the equality profile of our employees can help monitor the effectiveness of our equal opportunities policies and procedures. We conduct monitoring in order to identify gaps in access to our services, and make targeted changes where gaps are identified. Data is only used to improve services, and in reporting.You are entirely free to decide whether or not to complete this form and there are no consequences of failing to do so. We do not intend on capturing any personal identifiable information through this form. Please be mindful of this in the responses you provide within the free text areas. In the instance where you do provide us with information about yourself or others, the Council will ensure it will be processed in line with the requirements of the Data Protection Act 2018 and only used for monitoring and reporting purposes.

[**IMPORTANT:** You must place your service area’s short privacy notice here, and signpost to the longer privacy notice listed on the Council’s website. For more information, please contact the Information Management Team.]

**Age**

16-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to say

**Sex**

Are you:

Female

Male

Prefer not to say

If you prefer your own term, please provide this here:

A question on Gender Identity will be asked later.

**Gender Identity**

Do you identify as:

Non-binary

Trans

Prefer not to say

If you prefer your own term, please provide this here:

**Sexual Orientation**

Which of the follow best describes your sexual orientation?

Bisexual

Gay man

Gay woman/Lesbian

Heterosexual/Straight

Prefer not to say

If you prefer to use your own term, please provide this here:

**National Identity**

How would you describe your national identity?

British

Cornish

English

Irish

Northern Irish

Scottish

Welsh

Other (please describe):

Prefer not to say

**Ethnicity**

How would you describe your ethnic origin?

Arab

Asian: British

Asian or Asian British: Bangladeshi

Asian or Asian British: Chinese

Asian: Cornish

Asian: English

Asian or Asian British: Indian

Asian: Irish

Asian: Northern Irish

Asian or Asian British: Pakistani

Asian: Scottish

Asian or Asian British: Other East Asian

Asian or Asian British: Other South Asian

Asian: Welsh

Asian or Asian British: Other (please describe):

Black: British

Black or Black British: African

Black or Black British: Caribbean

Black: Cornish

Black: English

Black: Irish

Black: Northern Irish

Black: Scottish

Black: Welsh

Black, Black British or Black African: Other (please describe):

English Gypsy

Irish Gypsy

Irish Traveller

Scottish Gypsy

Scottish Traveller

Welsh Gypsy

Mixed/Multiple: African & Caribbean

Mixed/Multiple: Black British and White

Mixed/Multiple: Black African & White

Mixed/Multiple: Black Caribbean & White

Mixed/Multiple: East Asian & White

Mixed/Multiple: South Asian & White

Mixed/Multiple: Other (please describe):

Roma

Sinti

White: British

White: Cornish

White: English

White: Gypsy

White: Irish

White: Irish Traveller

White: Northern Irish

White: Scottish

White: Welsh

White: Other (please describe):

Prefer not to say

If other Ethnic Group or if you would prefer to use your own definition, please specify:

**Disability**

Do you consider yourself to be disabled?

‘The definition of disability as defined under the Equality Act (2010) is ‘*a physical or mental impairment which has a substantial or long term adverse effect on the ability to carry out day-to-day activities’.*

Yes

No

Prefer not to say

**Religion or belief**

What is your religion or belief?

Buddhist

Christian (including Church of Wales, Catholic, Protestant and all other denominations)

Hindu

Jewish

Muslim

Non-religious (e.g. Atheist, Humanist etc.)

Sikh

Prefer not to say

If other Religion or Belief, or if you prefer to use your own definition, please provide this here:

**Caring Responsibilities**

Do you look after, or support family members, friends, neighbours or others because of either: a long term physical or mental condition/disability or problems related to old age?

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50 or more hours a week

Prefer not to say

**Pregnancy and maternity**

Are you currently pregnant, or have you been pregnant within the last 12 months?

Yes

No

Prefer not to say

Have you taken (or are you currently taking) maternityleave in the last 12 months?

Yes

No

Prefer not to say

**Veterans and Armed Forces**

Have you ever, or are you currently, serving in the Armed Forces?

Yes

No

Prefer not to say

I do not wish to provide any of the information requested on this form