

EQUAL SERVICES FOR ALL MEANS FAIRNESS FOR ALL

Please help us to be fair to everybody whatever their situation.

We will only use this information to check if we are providing fair services to everybody. This information is totally confidential and will be kept separately from your personal information. You don't have to fill in this page but if you do it will help us to help you.

How would you describe your ethnic background?

WHITE		BLACK OR BLACK BRITISH	
British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
MIXED		ASIAN OR ASIAN BRITISH	
White and Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
CHINESE		OTHER	
Chinese	<input type="checkbox"/>	Any other ethnic background	<input type="checkbox"/>
Any other Chinese background	<input type="checkbox"/>	Dual Heritage	<input type="checkbox"/>

Male Female

Do you consider yourself to be disabled?

Yes No

The definition of disability in the Disability Discrimination Act 1995 is: "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"

What is your age?

16 to 17 years	<input type="checkbox"/>	35 to 44 years	<input type="checkbox"/>	60 to 64 years	<input type="checkbox"/>
18 to 24 years	<input type="checkbox"/>	45 to 54 years	<input type="checkbox"/>	65 to 74 years	<input type="checkbox"/>
25 to 34 years	<input type="checkbox"/>	55 to 59 years	<input type="checkbox"/>	75 years and over	<input type="checkbox"/>

How would you describe your religion or beliefs?

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Any other religion	<input type="checkbox"/> No religion at all	

How would you describe your sexuality?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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