

CONFIDENTIAL

EQUALITY MONITORING FORM (completion of this form is voluntary)

South Lakeland District Council is committed to ensuring an excellent quality of service for all. To help us to achieve this, please complete the questions below. If you choose not to answer these questions it will not make any difference to the service you receive. Responses will be used to provide statistical information for the council to check the fairness of any services you receive. This form is anonymous and will be used by SLDC.

Please tick boxes as appropriate:

1. Ethnicity

Do you consider yourself to be:-

		Tick			Tick
White	British		Mixed	White & black Caribbean	
	Irish			White & black African	
	Gypsy Traveller / Romany			White and Asian	
	Irish Traveller			Any other Mixed background, please state	
	Other White European EU or Non EU		Black or black British	Caribbean	
	Any other white background Please state.....			African	
Asian or Asian British	Indian		Chinese or other Ethnic groups	Any other black background please state	
	Pakistani			Chinese	
	Bangladeshi			Philippine	
	Any other Asian background Please state.....		Undeclared	Other.....	

2. Disability

Do you consider yourself to have:

	Y / N
A disability	
A long term limiting condition that affects health	
A long term limiting condition that does not affect health	
Undeclared	
Other	

3. Gender

Are you:

Male	
Female	
Undeclared	

4. Age

Are you:

0-15		40-49	
16-19		50-59	
20-29		60 and over	
30-39		undeclared	

5. Sexuality

Do you identify as:

Heterosexual	
Gay	
Lesbian	
Bi-sexual	
Undeclared	

6. Religion / belief

Are you:

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Non-religious	
Other, please state	
Undeclared	

7. Permanent Residence Please indicate your postal code:	
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If you would like a copy of this document in another format such as Large print, Braille, Audio or in a different language, please **0845 050 4434** or email **customerservices@southlakeland.gov.uk**

