









# Equality Monitoring Form

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions about you, so that we can make sure that our services include everyone's needs.

**The information you provide will be kept confidential.**

We will use your answers to pull together statistical information that the council will use to check the fairness of any services you receive. This information will only be used by Leeds City Council or shared with Education Leeds and the Housing Arms Length Management Organisations. They will only use this information for the same purposes as the Council.

**You do not have to answer these questions. If you choose not to answer these questions it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.**

<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>Date of Birth:</b>
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<b>First part of Postcode (e.g. LS10)</b>
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Ethnic Origin	
Please choose one section from A-E, and then tick the appropriate box to indicate your ethnic background.	
<p><b>A White</b></p> <p><input type="checkbox"/> British  <input type="checkbox"/> Irish  <input type="checkbox"/> Any other White background please write below</p> <p>-----</p>	<p><b>B Mixed Race</b></p> <p><input type="checkbox"/> White and Black Caribbean  <input type="checkbox"/> White and Black African  <input type="checkbox"/> White and Asian  <input type="checkbox"/> Any other mixed background please write below</p> <p>-----</p>
<p><b>D Black or Black British</b></p> <p><input type="checkbox"/> Caribbean  <input type="checkbox"/> African  <input type="checkbox"/> Any other Black background please write below</p> <p>-----</p>	<p><b>C Asian or Asian British</b></p> <p><input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Kashmiri  <input type="checkbox"/> Any other Asian background please write below</p> <p>-----</p>
<p><b>E Other ethnic groups</b></p> <p><input type="checkbox"/> Chinese  <input type="checkbox"/> Gypsy/Traveller  <input type="checkbox"/> Any other background please write below</p> <p>-----</p>	

<b>Do you consider yourself to be disabled?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Type of Impairment	
<input type="checkbox"/>	Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)
<input type="checkbox"/>	Sensory impairment, (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
<input type="checkbox"/>	Mental health condition, (such as depression or schizophrenia)
<input type="checkbox"/>	Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
<input type="checkbox"/>	Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

**Sexual Orientation:**

Heterosexual/Straight     Lesbian/Gay woman     Gay man     Bisexual

**Please tick the appropriate box to describe your religion or belief:**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Other (please specify) .....