NHS
Commissioning Alliance
Brighton and Hove CCG
Crawley CCG
High Weald Lewes Havens CCG
Horsham and Mid Sussex CCG

About You: Equalities Monitoring Form

We want to make sure that we seek the views of a wide range of people in the city. We will only use the information on this form to help us understand who we are reaching, and where we need to do additional work to obtain the views of particular individuals, groups and communities. The answers you provide are anonymous and confidential. Information collected using this form is combined together so it is not possible to link any responses back to an individual.

1. What age are you?	……..years ☐ Prefer not to say
2. What gender are you?	☐ Male ☐ Female ☐ Other - please state …… ☐ Prefer not to say
3. Do you identify as the sex you were assigned at birth? **For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their gender.**	☐ Yes ☐ No ☐ Prefer not to say

4. How would you describe your ethnic origin?

White
☐ English/Welsh/Scottish/ Northern Irish/British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background (please give details)
……

Asian or Asian British
☐ Bangladeshi
☐ Indian
☐ Pakistani
☐ Chinese
☐ Any other Asian background (please give details)
……

Black or Black British
☐ African
☐ Caribbean
☐ Any other Black background (please give details)
……

Mixed
☐ Asian & White
☐ Black African & White
☐ Black Caribbean & White
☐ Any other mixed background (please give details)
……

Other Ethnic Group
☐ Arab
☐ Any other ethnic group (please give details)
……
☐ Prefer not to say

5. Which of the following best describes your sexual orientation?

☐ Heterosexual/Straight
☐ Lesbian/Gay woman
☐ Gay man
☐ Bisexual
☐ Other (please state) ……
☐ Prefer not to say

6. What is your religion or belief?

☐ I have no particular religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jain ☐ Jewish ☐ Muslim	☐ Pagan ☐ Sikh ☐ Agnostic ☐ Atheist ☐ Other religion (please state) ……..	☐ Other philosophical belief (please state) …… ☐ Prefer not to say

7a. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?	☐ Yes a little ☐ Yes a lot ☐ No (do not answer 7b) ☐ Prefer not to say (do not answer 7b)

7b. If 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in (examples are given in the guidance).

☐ Physical Impairment ☐ Sensory Impairment ☐ Learning Disability/Difficulty ☐ Long-standing illness	☐ Mental Health condition ☐ Autistic Spectrum ☐ Other Developmental Condition ☐ Other (please state ……

8a. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.	☐ Yes ☐ No (do not answer 8b) ☐ Prefer not to say (do not answer 8b)
8b. If yes, do you care for a……?	☐ Parent ☐ Partner/spouse ☐ Child with special needs ☐ Friend ☐ Other family member ☐ Other (please give details)……

9. Armed Forces Service:			
• Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)?	☐ Yes	☐ No	☐ Prefer not to say
• Have you ever served in the UK Armed Forces?	☐ Yes	☐ No	☐ Prefer not to say
• Are you a member of a current or former serviceman or woman's immediate family/household?	☐ Yes	☐ No	☐ Prefer not to say