

Equality and Diversity Monitoring Form

It is important for us to understand who is responding to our surveys so that we can ensure we are reaching a balanced representative group of our residents. This information also helps us add to equality impact assessments for our services.

All data is anonymised and is not linked to any previous answers or surveys you may have provided. We would be grateful if you could take the time to answer the following questions.

Sex and gender identity

Q1) What is your sex? Female Male Prefer not to say

Q2) Is the gender you identify with the same as your sex registered at birth?

Yes No Prefer not to say

Age

Q3) What is your age?

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 75 + |
| <input type="checkbox"/> 17-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 | |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65-69 | |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 70-74 | |

Ethnicity

Q4) What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you consider yourself to be. Please tick the appropriate box:

- White**
- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> British |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Prefer not to say |

Any other White background: _____

- Asian/Asian British**
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bangladeshi | |

Any other Asian background: _____

- Black/African/Caribbean/Black British**
- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean |
|----------------------------------|------------------------------------|

Any other Black/Caribbean/Black British background:

- Mixed/Multiple ethnic groups**
- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Prefer not to say |

Any other Mixed/Multiple ethnic background: _____

- Other ethnic group**
- | | |
|-------------------------------|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Prefer not to say |
|-------------------------------|--|

Disability

Q5) Do you consider yourself to have a disability or health condition?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Sexual Orientation

Q6) What is your sexual orientation?

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Asexual | <input type="checkbox"/> Gay |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say | |

If other sexual orientation please state _____

Religion and Belief

Q7) What is your religion or belief?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> No religion or belief | <input type="checkbox"/> Jewish | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say | |

If other religion or belief please state _____

Caring

Q8) Do you have any caring responsibilities? (please tick all that apply)

- None
- Primary carer of an older person
- Primary carer of a child/children (under 18)
- Secondary carer (another person carries out the main caring role)
- Primary carer of disabled child/children (under 18)
- Primary carer of disabled adult (18 and over)
- Prefer not to say
- Other

Please explain other

Please return all forms to Cannock Chase Council, Civic Centre, Beecroft Road, Cannock, Staffordshire, WS11 1BG by 2 January 2025

