

**Step and Stone**

**Equalities Monitoring Form**

Step and Stone is committed to equalities monitoring in order to improve its services. This is so that we can address any access issues and barriers that some people may face.

Please be assured that this information is held anonymously and confidentially in accordance with the Data Protection Act 2018.

**1. Race and Ethnicity**

Choose one section from A – E then tick the appropriate box to indicate your cultural background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A) Asian or Asian British** | **B) Black or Black British** | **C) Other Ethnic groups** | **D) Mixed / multiple Ethnic groups** | **E) White** |
| British |  | British |  | Arab |  | White and Asian |  | British |  |
| Bangladeshi |  | African |  | Iranian |  | White and Black African |  | Eastern European |  |
| Chinese |  | Caribbean |  | Iraqi |  | White and Black Caribbean |  | Gypsy |  |
| Indian |  | Somali |  | Kurdish |  |  |  | Irish |  |
| Pakistani |  |  |  | Turkish |  |  |  | Irish or Scottish Traveller |  |
|  |  |  |  |  |  |  |  | Roma |  |
| Any other Asian background |  | Any other Black background |  | Any other ethnic background |  | Any other mixed / multiple background |  | Any other White background |  |
| Please state |  | Please state |  | Please state |  | Please state |  | Please state |  |
| Prefer not to answer |  |

**2. Gender** (please tick)

Female Male Non-binary

Other Has your gender identity changed from birth

**3. Age** (please tick)

Under 18 18 – 24 25 – 49

50 – 64 65 – 74 75 or over Prefer not to answer

**4. Sexual Orientation** (please tick)

Bisexual Lesbian Gay

Heterosexual Other Prefer not to answer

**5. Disability:** Do you consider yourself disabled?(Please tick)

Yes No Prefer not to answer

If you have answered ‘yes’ please tick the boxes that best describe your ‘impairment’. This information helps us improve access and remove barriers to our services.

An ‘impairment’ is something that has (or is likely to have) a substantial, adverse, long-term effect on the ability to carry out ‘normal’ day-to-day activities.

Hearing loss Long-term Illness

Communication Learning Disability

Visual Impaired Memory

Mobility Mental Health

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**6. Religion and Belief:** How would you describe your Religion or Belief? (Please tick)

Buddhist Muslim

Christian Sikh

Hindu No religion

Jewish Prefer not to say

 Other faith / religion or belief, please specify

**7. Where you live?** (Please tick)

Are you a resident of:

Bristol

South Gloucestershire

Bristol and North East Somerset

North Somerset

Other

Prefer not to answer

Thank you for taking the time to fill in this form. It helps us to ensure that we plan for and provide a fair and accessible workplace.