EQUALITY MONITORING FORM Middlesbroi

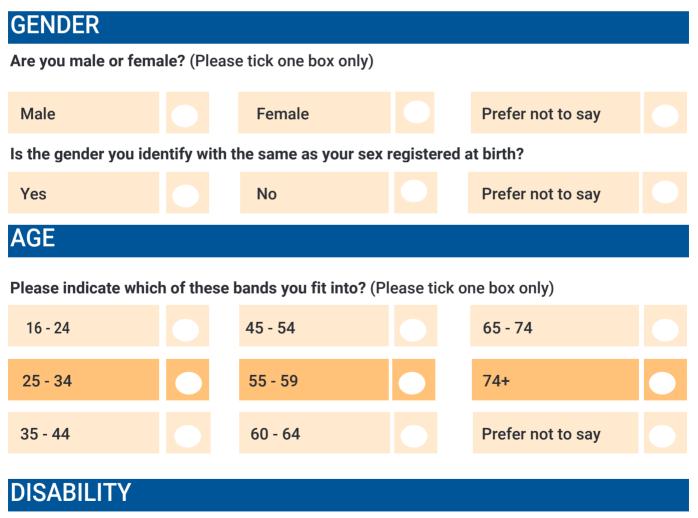


We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions so that we can make sure that the services meet everyone's needs where reasonable and practicable.

You do not have to answer these questions but by answering these questions you will help us to ensure our services are fair and accessible to all.

The information you will 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 our services. Results of this anonymised monitoring information will be shared within the Council, however individuals will never be identified.



Do you consider yourself to be a person with a disability (Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities (Please tick one box only)

ETHNICITY

To which of these grou	ups do yo	ou consider you	belong?				
White		Black or Black British Caribbean or African			Other ethnic group		
British			Anican		Arab		
Irish		Caribbean			Any other background, please write below		
Gypsy or Irish Traveller		African					
Roma		Any other Black (please write b		ound	Prefer not to say		
Any other White backgr (please write below)	round				Mixed or Multiple ethnic groups		
					White & Black Caribbean		
Asian or British Asian					White & Black African		
Indian		Chinese			White & Asian		
Pakistani Any other Asian backgro (please write below)				ound	Any other Mixed or Multiple background (write below)		
Bangladeshi							
RELIGION OR BELIEF							
What is your religion or belief? (Please tick one box only)							
Christian (including Church of England, Catholic, Protestant and all other Christian denominations							
Muslim	Buddh	Buddhist			Any other religion - please write		
Sikh	Jewis	Jewish			below		
Hindu	No rel	No religion			Prefer not to say		
SEXUAL ORIENTATION							
What is your sexual orientation/sexuality? (Please tick one box only)							
Heterosexual or Straight				Pref	Prefer not to say		
Gay/Lesbian				Oth	Other sexual orientation		
Bisexual							

If you want to know more about the information the Authority holds about you, or the way the Authority uses that information please contact the Data Protection Officer, PO Box 503, Town Hall, Middlesbrough, TS1 9FX.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act.