**Equality and Diversity Monitoring Form**

CPSL Mind is committed to ensuring that our services reach everyone across all of our local communities.

To help us achieve this, we need to know a bit more about you, to understand who we are engaging with our work, and who we need to work harder to reach.

Any information that you provide on this form is considered private and will be held securely. We will use this information for statistical purposes only, no identifiable information is used.

Thank you for your help.

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| How old are you? |
|  | Under 18 |  | 18-24 |  | 25-39 |
|  | 40-59 |  | 60+ |  | Prefer not to say |

|  |
| --- |
| What is your gender?  |
|  | Female  |
|  | Male |
|  | Non-binary |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

|  |
| --- |
| What is your sexual orientation?  |
|  | Bi  |
|  | Gay / lesbian |
|  | Heterosexual / straight |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

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| --- |
| Do you identify as trans?  |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

|  |
| --- |
| What is your ethnic background?  |
| **Asian, Asian British or Asian Welsh** |
|  | Indian |  | Pakistani |
|  | Bangladeshi |  | Chinese |
|  | Any other Asian background |  |
| **Black, Black British, Black Welsh, Caribbean or African** |
|  | Caribbean |  | African |
|  | Any other Black, Black British, or Caribbean background |  |
| **Mixed or Multiple ethnic groups** |
|  | White and Black Caribbean |  | White and Black African |
|  | White and Asian |  | Any other Mixed or Multiple Ethnic Group |
| **White** |
|  | English, Welsh, Scottish, Northern Irish or British |  | Irish |
|  | Gypsy or Irish Traveller |  | Roma |
|  | Any other White background |  |  |
|  | **Another / prefer to self-describe ……………………** |
|  | **Prefer not to say** |

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| Do you consider yourself to have a long-term physical health condition that impacts on your ability to carry out day to day activities?  |
|   | Yes  |
|  | No  |
|  | Prefer not to say |

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| --- |
| Do you consider yourself to have lived or living experience of mental health challenges? |
|  | Yes |
|  | No |
|  | Prefer not to say  |

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| --- |
| Do you have a condition like Autism, ADHD, or Dyslexia that affects how you think or learn?  |
|  | Yes |
|  | No |
|  | Prefer not to say |

|  |  |
| --- | --- |
|  | What is your religion or belief? |
|  | Buddhist |  | Muslim |
|  | Christian  |  | Sikh |
|  | Hindu |  | No religion  |
|  | Jewish |  | Any other (please specify if you wish) ………………… |
|  | Prefer not to say |  |  |

|  |
| --- |
| Where do you currently live? |
|  | Cambridge |  | Peterborough |
|  | East Cambridgeshire |  | South Cambridgeshire |
|  | Fenland |  | South Lincolnshire |
|  | Huntingdonshire |  | Prefer not to say |