**Equality and Diversity Monitoring Form**

Leicester, Leicestershire and Rutland Mind believes in actively promoting equality of opportunity. To support our work as an inclusive and diverse organisation and to help us identify and challenge discrimination, we ask you to complete this form.

Completion of this form is **voluntary**. The information you provide will be held anonymously and will not affect your application or referral in any way.

|  |  |  |
| --- | --- | --- |
| How old are you (in years)? | | |
|  |  | Prefer not to say |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Is the gender you identify with the same as your gender registered at birth? | | | |
|  | Yes |  | No |
|  | Prefer not to say | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Are you married or in a civil partnership? | | | |
|  | Yes |  | No |
|  | Prefer not to say | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you pregnant, on maternity leave, or returning from maternity leave? | | | |
|  | Yes |  | No |
|  | Prefer not to say | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a long-term health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Asperger’s syndrome or deafness. | | | |
|  | Yes |  | No |
|  | Prefer not to say | | |

|  |  |
| --- | --- |
| What is your ethnic background? | |
|  | Asian |
|  | Black |
|  | Mixed |
|  | White |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

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

|  |  |
| --- | --- |
| Which of these categories best represents your experience of mental health problems? (Please tick all that apply) | |
|  | I have personal experience of mental health problems |
|  | I use / have used mental health services |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health problems |
|  | I care or look after someone who has mental health problems |
|  | Another (please specify if you wish): …………………… |
|  | None of the above |
|  | Prefer not to say |