**Equality monitoring form – template**

NHS South East London would like people involved to have a broad reflection of different communities across south east London to help us plan and monitor relevant engagement across diverse communities. The individual information on this form will be kept confidential by the NHS South East London.

|  |
| --- |
| **1. Gender**  |
| Male (including transgender men) | Female (including transgender women) | Prefer to self-describe as  |
| **2. Ethnicity** |
| **Asian or Asian British** | **Black, Black British, Caribbean or African** |
| Indian | African |
| Pakistani | Caribbean |
| Bangladeshi | Black British |
| Chinese | Any other Black, Black British, or Caribbean background (please specify): |
| Any other Asian background (please specify) |
| **Mixed or multiple ethnic groups** | **White** |
| White and Black African | English, Welsh, Scottish, Northern Irish or British |
| White and Black Caribbean | Irish |
| White and Asian | Gypsy or Irish Traveller |
| Any other Mixed or multiple ethnic background (please specify) | Roma |
| Any other White background (please specify) |
| **Other Ethnic Group** | **Prefer not to say** |
| Other - Arab | Prefer not to say |
| Other - Vietnamese |  |
| Other – Latin American |
| Any other ethnic group (please specify) |

|  |
| --- |
| **3. Age** |
| 18 - 29 | 30 - 64 | 65 - 79 | 80+ |

|  |
| --- |
| **4. Gender reassignment - does your gender differ from your birth sex?** |
| Yes | No | Prefer not to say |

|  |
| --- |
| **5. Sexual orientation** |
| Heterosexual  | Bisexual | Pansexual | Gay man | Gay women / lesbian |
| Prefer to self-describe as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prefer not to say |

|  |
| --- |
| **6. Religion or belief** |
| Christian | Hindu | Humanist |
| Muslim | Sikh | No religion |
| Jewish | Rastafarian | Prefer not to say |
| Buddhist | Jainism | Other (please specify): |

|  |
| --- |
| **7. Pregnancy and maternity** |
| Are you pregnant? | Have you had a baby in the last 12 month |
| Yes | No | NA | Yes | No | NA |

|  |
| --- |
| **8. Marriage or civil partnership** |
| Single | Married | Co-habiting | In a same sex civil partnership/marriage |
| Separate | Divorced | Widowed |

|  |
| --- |
| **9. Disability - Do you have any of the following conditions that have lasted or are expected to last for at least 12 months?** |
| Deafness or partial loss of hearing | Developmental disorder | Learning disability |
| Blindness or partial loss of sight | Mental ill health | Long term illness or condition |
| Physical disability | Other disabilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No disabilities |
| Prefer not to say |

|  |
| --- |
| **10. Are you a carer? (for a friend or family member)** |
| Yes | No |

Please return to [add relevant email address] by [add deadline date].

[Note for project lead] - This form could be set up online on Let’s talk health and care platform and all applications could be monitored and received via the platform. Please get in contact with the Engagement team at: engagement@selondonics.nhs.uk and they will be able to advise.