South West Yorkshire Partnerships NHS Foundation Trust intends to embed equality and diversity values into every day practice, policies and procedures so that equality becomes the norm.  
  
In order to ensure that we provide the best service for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information. You do not have to answer any of these questions, but we would be very grateful if you would.

|  |  |  |
| --- | --- | --- |
| **What is your age?**  🞏Under 18  🞏 18-39  🞏 40-59  🞏 60-79  🞏 Over 80 | | 🞏 I prefer not to say |
| **Race (taken from the Census categories 2011** | | 🞏 I prefer not to say |
| **White**  🞏English/Welsh/Scottish / Northern Irish/British  🞏Irish  🞏Gypsy or Irish Traveller  🞏Any other White background, write in: | |  |
| **Mixed/multiple ethnic groups**  🞏White and Black Caribbean  🞏White and Black African  🞏White and Asian  🞏Any other mixed/multiple ethnic background, write in: | |  |
| **Asian/Asian British**  🞏Indian  🞏Pakistani  🞏Bangladeshi  🞏Chinese  🞏Any other Asian background, write in: | |  |
| **Black/African/Caribbean/Black British**  🞏African  🞏Caribbean  🞏Any other Black/African/Caribbean/Black British background, write in: | |  |
| **Other ethnic group**  **🞏**Arab  🞏Any other ethnic group, write in: | |  |
| **Language**  What is your main language?  🞏English  🞏Other (including sign languages) write in: | | 🞏 I prefer not to say |
| How well can you speak English? 🞏 I prefer not to say  🞏Very well  🞏Well  🞏Not very well  🞏Not at all | | |
| **Religion/belief**  🞏No religion  🞏Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  🞏Buddhist  🞏Jewish | 🞏Agnostic  🞏Sikh  🞏Muslim  🞏Hindu  🞏Any other religion/belief, write in: | 🞏 I prefer not to say |
| **Disability**  Do you consider yourself to have of the following? (Please tick all that apply)  🞏Mental health condition  🞏Speech impairment  🞏Physical impairment | 🞏Cognitive impairment  🞏Learning disability  🞏Long standing illness  🞏I do not have a disability  🞏 Other, please state: | 🞏 I prefer not to say |
| **Sexual orientation**  **🞏**Heterosexual  🞏Gay  🞏Lesbian  🞏Bisexual | | 🞏 I prefer not to say |
| **Sex**  **🞏**Female **🞏**Male  🞏Please tick if you live and work permanently in a gender other than that assigned at birth. | | 🞏 I prefer not to say |
| **Caring responsibilities**  Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?  🞏Yes  🞏No | | 🞏 I prefer not to say |
| **Pregnancy and maternity** (Please tick one box)  Are you pregnant?  🞏Yes  🞏No | | 🞏 I prefer not to say |
| Have you had a baby in the last 12 months?  🞏Yes  🞏No | | 🞏 I prefer not to say |
| **Marriage and Civil Partnership** (Please tick one box)  🞏Single  🞏Married  🞏In a same sex civil partnership | 🞏Co-habiting  🞏Widowed  🞏Divorced  🞏Separated | 🞏 I prefer not to say |