

Equality and Diversity Monitoring Form

We won't give up until everyone experiencing a mental health problem gets both support and respect. We want 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. We also want to make sure we understand the needs of all the communities we work with. Completing these questions is voluntary, and the information you provide will be entirely anonymous. Thanks for your help.

Please complete and return with your application

How old are you (in years)?	
.....	
<input type="checkbox"/>	Prefer not to say

What is your gender?	
<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Another / prefer to self-describe
<input type="checkbox"/>	Prefer not to say

What is your sexual orientation?	
<input type="checkbox"/>	Bi
<input type="checkbox"/>	Gay/Lesbian
<input type="checkbox"/>	Heterosexual / straight
<input type="checkbox"/>	Another / prefer to self-describe
<input type="checkbox"/>	Prefer not to say

Have you ever identified as trans?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

What is your ethnic background?	
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	White
<input type="checkbox"/>	Another / prefer to self-describe
<input type="checkbox"/>	Prefer not to say

Where do you currently live?	
Channel Islands	Wales – Mid
East of England	Wales – North
East Midlands	Wales – South
London (inc. Greater London)	West Midlands
North East	Yorkshire and the Humber
North West	Another (please specify if you wish)
South East	Prefer not to say
South West	

Do you consider yourself to have a long-term health condition or learning difficulties 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

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