**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.

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| Have you ever identified as trans? | |
|  | Yes |
|  | No |
|  | 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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|  |  |  |  |
| --- | --- | --- | --- |
| How would you describe your ethnic background? | | | |
| **Asian or Asian British** | Bangladeshi  Chinese  Indian  Pakistani  Another Asian background | **Mixed** | White & Asian  White & Black African  White & Black Caribbean  Another mixed background |
| **White or White British** | White British  White Irish  Eastern European  Another white background |
| **Black or Black British** | African  Caribbean  Another Black background |
| **Other ethnic group** | Arab  Gypsy or Traveller  Another background……………………………….. (please specify if you wish) | | |

|  |  |
| --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |

|  |  |
| --- | --- |
| 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 |