

Please tick your first language below.

- | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------|
| Albanian | <input type="checkbox"/> | Kurdish | <input type="checkbox"/> |
| Amharic | <input type="checkbox"/> | Latvian | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | Lingala | <input type="checkbox"/> |
| Bengali | <input type="checkbox"/> | Polish | <input type="checkbox"/> |
| Bosnian | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> |
| British Sign Language | <input type="checkbox"/> | Punjabi | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Romanian | <input type="checkbox"/> |
| Croatian | <input type="checkbox"/> | Somali | <input type="checkbox"/> |
| Czech | <input type="checkbox"/> | Spanish | <input type="checkbox"/> |
| English | <input type="checkbox"/> | Tigrinya | <input type="checkbox"/> |
| Farsi | <input type="checkbox"/> | Turkish | <input type="checkbox"/> |
| French | <input type="checkbox"/> | Ukrainian | <input type="checkbox"/> |
| Greek | <input type="checkbox"/> | Urdu | <input type="checkbox"/> |
| Gujarati | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Hindi | <input type="checkbox"/> | Yoruba | <input type="checkbox"/> |
| Italian | <input type="checkbox"/> | Other (Please Specifiy) | <input type="checkbox"/> |

Do you consider yourself to be a Gypsy or Traveller (Tick only one)

- Neither Gypsy Traveller

Disability (Please tick the appropriate item).

Do you consider that you have a disability under the Disability Discrimination Act definition?" Yes No

The definition of disability according to the Disability Discrimination Act 1995 (DDA), is: "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities"

If you have indicated that you have a disability please can you select the definition/s from the list below, which best describe your disability/disabilities:

- Deaf/Hearing impairment Blind / Visual impairment Physical impairment
Mental Health difficulties Hidden impairment (cancer, HIV, diabetes, etc)
Learning Difficulties (including specific learning difficulties such as dyslexia and dyspraxia)

Any other disability:

Prefer not to say

Islington Library and Heritage Services membership form

About You:

Date of Birth: __ / __ / ____ Mr, Mrs, Ms, Miss (Tick as appropriate)

Last name:

First name (s):

Address:

..... Postcode:

Tel No: Mob:

Email:

Work or Study Address:

..... Postcode:

Tel No: Mob:

www.islington.gov.uk/libraries



ISLINGTON

Equalities Monitoring Information Form

The completion of this form, or any part of it is voluntary

Islington Council is committed to providing people with equal opportunities, both in the provision of service and in our role as a major employer. We believe that all people have the right to be treated with dignity and respect. We want to collect information about people so that we can tailor our services to meet their needs and also make sure that we are not doing anything that stops some people who fit into certain groups from having access to services, jobs or opportunities.

We are determined to eliminate unfair discrimination and we shall use information we collect to change our policies and practices if that is what we need to do. We would be grateful if you would help us by completing the monitoring information on this form. Any personal information you give us is held securely and will only be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds, and / or prevent fraud in line with the National Fraud Initiative guidelines. Please see www.islington.gov.uk/dataprotection for more information.

Gender (please tick as appropriate)

Male Female Prefer not to say

Age (please tick as appropriate)

Under 16 16—24 25—44 45—64 65+ Prefer not to say

Sexual Orientation (Please tick as appropriate)

Heterosexual Bisexual Gay Lesbian Prefer not to say

What is your religion or belief?

Buddhist Christian Hindu Jewish Muslim No religion Rastafarian Sikh Prefer not to say Any other _____

What is your Country of origin?

D Black or Black British
 Caribbean African Somali Eritrean Nigerian Ghanaian Prefer not to say Any other Black background please write below _____

E Chinese or Other ethnic groups
 Chinese Vietnamese Filipino Prefer not to say Any other Chinese or Other background please write below _____

What is your first Language? Please write here: _____

What is your country of Origin? Please write here: _____

A White

British Irish Turkish/Turkish Cypriot Greek/Greek Cypriot Kurdish Prefer not to say Any other White background please write below _____

B Mixed

White and Black Caribbean White and Black African White and Asian Prefer not to say Any other Mixed background please write below _____

C Asian or Asian British

Indian Pakistani Bangladeshi Prefer not to say Any other Asian background please write below _____

What is your ethnic group?

Please choose one section from A to E and tick the one appropriate to your ethnic background