

# 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 be used only for council purposes. Information that was collected for one purpose may 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](http://www.islington.gov.uk/dataprotection) for more information.

Male

Female

Transgender/Transsexual

Under 16  45-64

16-24  65 +

25-44

# Disability

## Do you consider that you have a disability under the Disability Discrimination Act definition?

Yes  No

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

- Deaf/hearing impairment
- Blind/visual impairment
- Physical impairment
- Mental health difficulties
- Hidden impairment  
(such as cancer, HIV, diabetes etc)
- Learning difficulties (including  
specific learning difficulties such as  
dyslexia and dyspraxia)
- Any other disability or impairment
- Prefer not to say

# Ethnicity

Please tick the appropriate box to indicate your ethnic background.

## A White

British

Irish

Turkish/Turkish Cypriot

Greek/Greek Cypriot

Kurdish

Prefer not to say

Any other White background, please write below

## D Black or Black British

Caribbean

Somali

Eritrean

Nigerian

Ghanaian

Any other African background

Prefer not to say

Any other black 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

## E Chinese or other Ethnic Groups

Chinese

Vietnamese

Filipino

Prefer not to say

Any other ethnic group 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 country of origin?

Do you consider yourself to be?

Roma

Gypsy

Traveller

## If your first language is not English, please tick below what it is

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

## Do you feel able to communicate with the council in English?

Yes  No

## What is your religion or belief?

Buddhist	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Any other	

## Sexual Orientation

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### How would you describe your sexual orientation?

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>		

Is there anything else about you that you would like us to know so that we can work to improve our services for you?