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| --- | --- |
| **ID Number** |  |
| **Date** |  |

**Equal Opportunities Form**

Top of Form

We aim to provide equal opportunities and fair treatment for everyone. We would like you to complete this form in order to help us understand who we are reaching and to better serve the community. All details will be treated as confidential and are held in accordance with the Data Protection Act 2018 and the EU General Data Protection Regulation 2018.

**Please complete all sections**

**Age Group**

18 or under  18-24  25-34  35-44  45-54  55-64

65-74  75-84  85-89  90+  Prefer not to say

**Gender**

Male  Female  The gender above is not the one given to me at birth

Non-binary  Prefer not to say  Other gender description (please specify)

**Religion/ faith**

No religion/ faith  Christian (any denomination)  Buddhist  Hindu

Sikh  Muslim  Jewish  Other  Prefer not to say

**Sexual orientation**

Bisexual  Gay man  Lesbian/ Gay woman  Heterosexual  Questioning

Prefer not to say  Other sexual orientation description (please specify)

**Disability**

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted or expecting to last for at least 12 months?

None  Physical impairment (such as mobility)  Behavioural/emotional

Sensory impairment (such as sight or hearing)  Long-term illness or condition

Learning  Mental health condition  Prefer not to say

Other disability description (please specify)

**Ethnicity**

White British

White Irish

Any other white background (please specify below

Mixed White and Black African

Mixed White and Black Caribbean

Mixed White and Asian

Any other mixed background (specify below)

Black or British African

Black or British Caribbean

Any other black background (specify below)

Asian or British Indian

Pakistani

Asian or British Bangladeshi

Chinese

Any other Asian Background (specify below)

Not stated

Other ethnicity description (please specify)

**Employment status**

Employed (full-time)  Employed (part-time)  Self-employed  In education

Retired  Sick leave  Unemployed  Volunteering  Prefer not to say

**Relationship status**

Single  Married  Civil partnership  Divorced  Widowed  Prefer not to say

Cohabiting

**Caring responsibilities**

Primary carers of a child (under 18)

Primary carer of disabled child/ children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer

None

**Where to send your completed form**

Please email your completed form to [counsellingplacements@hertsmindnetwork.org](mailto:counsellingplacements@hertsmindnetwork.org). If you have any questions or would like help filling in this form, please call us on **02037 273600**.