|  |  |
| --- | --- |
| **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 [x]

**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. If you have any questions or would like help filling in this form, please call us on **02037 273600**.