



Equality and Diversity

ABOUT YOU - Equal Opportunities Monitoring Form

THE REPLY IS ANONYMOUS AND CONFIDENTIAL.

Independent Homecare Team is committed to promoting equal opportunities for all its employees and clients.

PLEASE NOTE

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer. Your identity will be kept anonymous and your answers will be treated with the strictest confidence.

Ethnicity - Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

| | | |
|--|--|--|
| <p>Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p> | <p>Black</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please write in)</p> | <p>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group (please write in)</p> |
| <p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please write in)</p> | <p>White</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> European</p> <p><input type="checkbox"/> Any other White background (please write in)</p> | <p><input type="checkbox"/> Rather not say</p> |

| |
|--|
| <p>Age: _____ <input type="checkbox"/> Rather not say</p> |
|--|

*Equality and Diversity***Disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes No Rather not say

Gender

| | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Rather not say | Transgender |
| <input type="checkbox"/> Female | | <input type="checkbox"/> F to M <input type="checkbox"/> M to F |

Faith - Which group below do you most identify with?

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Other (please write in) | <input type="checkbox"/> Rather not say | |

Sexual orientation - How would you describe your sexual orientation?

| | | |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Heterosexual or 'straight' |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other | <input type="checkbox"/> Rather not say |

Thank you for completing this form. Please send the completed form: by email:

support@independenthomecareteam.co.uk by post: **Independent Homecare Team, Samuel House, Unit 1-3, Woodside Road, Sidcup, Kent, DA15 7JF**