

## Equality and Diversity

### **ABOUT YOU - Equal Opportunities Monitoring Form**

#### THE REPLY IS ANONYMOUS AND CONFIDENTIAL.

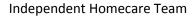
Independent Homecare Team is committed to promoting equal opportunities for all its employees and clients.

#### **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 strictestconfidence.

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.

Asian	Black	Chinese or other ethnic group
□ Indian	□ Caribbean	☐ Chinese
□ Pakistani	□ African	☐ Any other ethnic group (please write in)
□ Bangladeshi □ Any other Asian background (please write in)	☐ Any other Black background (please write in)	
Mixed	White	
□ White and Black Caribbean	□ English	□ Rather not say
□ White and Black African	□ Irish	
	□ Scottish	
□ White and Asian	□ Welsh	
	□ European	
□ Any other mixed background	□ Any other White background	
(please write in)	(please write in)	
Age:	l Rather not say	





# Equality and Diversity

Disability		
physical or mental impairme expected to last at least 12	ent which has a substantial ar months) adverse effect on or	rson as disabled if they have a nd long term (i.e. has lasted or is ne's ability to carry out normal day- as cancer, HIV, mental illness and
Do you consider yourself to h	nave a disability according to	the above definition?
□ Yes □ No	□ Rather not say	
Gender		
□ Male		Transgender
	□ Rather not say	□ F to M
☐ Female		□ M to F
Faith - Which group below do	you most identify with?	
☐ No religion	□ Baha'i	□ Buddhist
□ Christian	□ Hindu	□ Jain
□ Jewish	☐ Muslim	□ Sikh
☐ Other (please write in)	□ Rather not say	
Sexual orientation - How woul	d you describe your sexual or	rientation?
□ Bisexual	□ Gay	☐ Heterosexual or 'straight'
□ Lesbian	□ Other	☐ Rather not say

Thank you for completing this form. Please send the completed form: by email: <a href="mailto:support@independenthomecareteam.co.uk">support@independenthomecareteam.co.uk</a> by post: Independent Homecare Team, Samuel House, Unit 1-3, Woodside Road, Sidcup, Kent, DA15 7JF