|  |  |  |
| --- | --- | --- |
| **Equality Monitoring form for**  **Dumfries and Galloway Advocacy Service**   |  | | --- | | *Write the name and date of the event or survey here.*  *Keep your writing within this box.* |   **We need this information to make sure we are treating you fairly and with respect and delivering the services you need.** |  |

We will keep your information **confidential**. We will make sure that you cannot be identified through reports on the results of this survey.

Please tick (🗸) the relevant box in each section or fill in the details as appropriate.

**Section 1 Where do you live?**

**Please give the first three letters and numbers of your postcode.**

|  |
| --- |
|  |

If you don’t know your postcode, write the name of your nearest town or village here.

|  |
| --- |
|  |

**Section 2 What is your gender?**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Intersex |  | Prefer not to say |  |

My gender is not represented here. This is how I would describe my gender (please give brief details below)

|  |
| --- |
|  |

**Section 3 Have you ever identified as a transgender person?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | Not sure |  |
| No |  | Prefer not to say |  |

**Section 4 What is your age?**

|  |  |  |  |
| --- | --- | --- | --- |
| 0 to 15 |  | 55 to 64 |  |
| 16 to 24 |  | 65 to 74 |  |
| 25 to 34 |  | 75 to 84 |  |
| 35 to 44 |  | Over 85 |  |
| 45 to 54 |  | Prefer not to say |  |

**Section 5**

**Do you consider yourself disabled ?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | Not sure |  |
| No |  | Prefer not to say |  |

If yes, please tell us which of the following affect you.

|  |  |
| --- | --- |
| Physical disability |  |
| Deafness or partial hearing loss |  |
| Learning difficulty (eg, dyslexia) |  |
| Blindness or partial sight loss |  |
| Long-term illness, disease or condition |  |
| Mental health condition |  |
| Learning disability (eg, Down’s Syndrome) |  |

My condition is not represented here. This is how I would describe my condition (please give brief details below)

|  |
| --- |
|  |

**Section 6**

**What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Heterosexual (Straight) |  |
| Gay or Lesbian |  | Prefer not to say |  |

My sexual orientation is not represented here. This is how I would describe my sexual orientation (please give brief details below)

|  |
| --- |
|  |

**Section 7 What is your ethnic group?**

Tick **one** box which **best describes** your ethnic group or background.

**A White**

|  |  |  |
| --- | --- | --- |
| Scottish |  | |
| English |  | |
| Welsh |  | |
| Northern Irish |  | |
| Irish |  | |
| Gypsy or Traveller |  | |
| Polish |  | |
| Other White ethnic group (please write in) | | | | |
|  | |  | |

**B Mixed or multiple ethnic group**

|  |  |  |
| --- | --- | --- |
| Any mixed or multiple ethnic group  (please write in) | | |
|  |  |

**C Asian, Asian Scottish or Asian British**

|  |  |
| --- | --- |
| Pakistani, Pakistani Scottish or Pakistani British |  |

|  |  |
| --- | --- |
| Indian, Indian Scottish or Indian British |  |

|  |  |
| --- | --- |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |

|  |  |
| --- | --- |
| Chinese, Chinese Scottish or Chinese British |  |
| Other (please write in) |  |
|  |  |

**D African**

|  |  |
| --- | --- |
| African, African Scottish or African British |  |
| Other (please write in) |  |
|  |  |

**E Caribbean or Black**

|  |  |
| --- | --- |
| Caribbean, Caribbean Scottish or Caribbean British |  |
| Black, Black Scottish or Black British |  |
| Other (please write in) |  |
|  |  |

**F Other ethnic group**

|  |  |
| --- | --- |
| Arab, Arab Scottish or Arab British |  |
| Other (please write in) |  |
|  |  |

|  |  |
| --- | --- |
| **G Prefer not to say** |  |

My ethnic group is not represented here. This is how I would describe my ethnic group (please give brief details below)

|  |
| --- |
|  |

**Section 8**

**What is your religion or belief?**

|  |  |  |  |
| --- | --- | --- | --- |
| Atheist or none |  | Hindu |  |
| Christian: Church of Scotland |  | Humanist |  |
| Christian: Roman Catholic |  | Jewish |  |
| Other Christian |  | Muslim |  |
| Baha’i |  | Pagan |  |
| Buddhist |  | Sikh |  |

|  |  |
| --- | --- |
| Prefer not to say |  |

My religion or belief is not represented here. This is how I would describe my religion or belief (please give brief details below)

|  |
| --- |
|  |

**How to return the form to us**

**Thank you** for filling in this form. Please return it in one of the following ways:

**Please hand it into the office or send it by post using the free SAE.**

Registered Office:

Dumfries and Galloway Advocacy Service,

9 Church Crescent, Dumfries, DG1 1DF

Scottish Charity: SCO36075