

East Cambridgeshire Trading Company LTD
EQUALITY MONITORING FORM

East Cambridgeshire District Council is committed to ensuring that our services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community. To enable us to check that what we are providing is fair and effective, we would be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did. The information you give on this questionnaire will remain strictly confidential, in accordance with the Data Protection Act 1998.

ETHNIC ORIGIN – please indicate which ethnic group you consider yourself to belong to.

White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other, please specify:

Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Other, please specify:

Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Other, please specify:

Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Other, please specify:

Traveller/Gypsy

<input type="checkbox"/>	Irish Traveller
<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>	Other, please specify:

Chinese, other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other, please specify:

SEX

Male

☐

Female

☐

DISABILITY

Under the Equality Act a person has a disability if he/she “has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day-to-day activities.” Do you consider yourself to have a disability?

Yes

☐

No

☐

East Cambridgeshire Trading Company LTD
EQUALITY MONITORING FORM

DATE OF BIRTH

<u>DD</u>	<u>MM</u>	<u>YYYY</u>
-----------	-----------	-------------

RELIGION (What is your religious belief?)

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other	
No Religion	
Decline to state	

Please specify: _____

SEXUAL ORIENTATION

Heterosexual	
Lesbian	
Gay	
Bi-sexual	
Decline to State	

GENDER REASSIGNMENT

No	
Yes	
Decline to State	