**Confidentiality**

**The provision of the information contained on this form is entirely voluntary. The information you provide will be treated in confidence and will only be used for statistical purposes. The information will be used to help monitor the effectiveness of Avenue Services and the services we provide.**

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| --- | --- | --- | --- |
| **Ethnic Origin (please tick as appropriate)** | | | |
| White English/ Welsh/ Scottish/ Northern Irish/ British |  | Any other Black background/ African/Caribbean/Black British |  |
| White Irish |  | African |  |
| Gypsy or Irish traveller |  | White and Black Caribbean |  |
| Any other white background |  | White and Black African |  |
| Indian |  | White and Asian |  |
| Pakistani |  | Arab |  |
| Bangladeshi |  | Caribbean |  |
| Chinese |  | Any other Asian background |  |
| Any other ethnic or multiple ethnic background (please specify): |  | Prefer not to say |  |
| **Gender (please tick as appropriate)** | | **Sexuality (please tick as appropriate)** | |
| Male |  | Gay man |  |
| Female |  | Gay woman/lesbian |  |
| Is your gender identity the same gender you were assigned at birth? (please circle either yes or no) | Yes | Heterosexual/straight |  |
| No | Bisexual |  |
| Prefer not to say |  | Prefer not to say |  |
| **Age (please tick as appropriate)** | | | |
| 16 - 25 |  | 46 - 55 |  |
| 26 - 35 |  | 56 - 65 |  |
| 36 - 45 |  | Over 65 |  |
| Prefer not to say | |  | |

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| **Your Health** | | | | | | | | | | | | | |
| The Equality Act 2010 defines disability as a ‘*physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’*. | | | | | | | | | | | | | |
| Do you consider yourself to have a disability? | | | | | | | | | | | | | |
| Yes | | | |  | No | | | | | | | |  |
| If you have ticked ‘*Yes*’, please outline the nature of the disability below: (continue on a separate sheet if necessary). | | | | | | | | | | | | | |
| **Communication Format** | | | | | | | | | | | | | |
| Do you require information to be sent to you in another format? | | | | | | | | | Yes | No | | | |
| If ‘Yes’, which format do you require? | | | | | | | | | | | | | |
| In writing - large print |  | | | | | Translation | | | | |  | | |
| Audio CD |  | | | | | Signer | | | | |  | | |
| Audio Tape |  | | | | | Braille | | | | |  | | |
| Other - please specify: | | | | | | | | | | | | | |
| **Religion or belief (please tick as appropriate)** | | | | | | | | | | | | | |
| No religion | | |  | | | | | Muslim | | | |  | |
| Christian (including Church of England, Catholic, Protestant and all other denominations) | | |  | | | | | Sikh | | | |  | |
| Prefer not to say | | | |  | |
| Buddhist | | |  | | | | | Other - please specify: | | | | | |
| Hindu | | |  | | | | |
| Jewish | | |  | | | | |
| **Employment status** | | | | | | | | | | | | | |
| Employed | |  | | | | | Retired | | | |  | | |
| Part-time employed | |  | | | | | Full-time student | | | |  | | |
| Self employed | |  | | | | | Prefer not to say | | | |  | | |
| Unemployed | |  | | | | |  | | | | | | |