

Date of birth: _____ I prefer not to say

Race (taken from the Census categories 2011)

| White | Mixed/multiple ethnic groups | Asian/Asian British | Black/African/Caribbean/Black British | Other ethnic group |
|---|--|---|--|---|
| <input type="checkbox"/> English/Welsh/Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, write in: | <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background, write in: | <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in: | <input type="checkbox"/> African Caribbean <input type="checkbox"/> Any other Black/African/Caribbean/Black British background, write in: | <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in: <input type="checkbox"/> I prefer not to say |

Language

What is your main language? English Other (including sign languages) write in: _____

Religion/belief

| | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> No religion <input type="checkbox"/> Agnostic | <input type="checkbox"/> Christian (including C of E, Catholic, Protestant and all other denominations) | <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu | <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish | <input type="checkbox"/> Any other religion/belief, write in: <input type="checkbox"/> I prefer not to say |
|---|---|--|--|---|

Disability

| | | | | |
|--|--|---|--|--|
| Do you consider yourself to have of the following? (Please tick all that apply) | <input type="checkbox"/> Mental health condition <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Physical impairment <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Learning disability | <input type="checkbox"/> Long standing illness <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Other, please state: | <input type="checkbox"/> I prefer not to say |
|--|--|---|--|--|

Gender / Sexual orientation

| Gender | Sexual orientation | Caring Responsibilities | Have you had a baby in the last 12 months? |
|--|---|---|--|
| <input type="checkbox"/> Female <input type="checkbox"/> Live in a gender other than that assigned at birth | <input type="checkbox"/> Male <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> O Lesbian | Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employment status

| Employment status | Marriage and Civil Partnership |
|---|---|
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, seeking work <input type="checkbox"/> Student in education or training | <input type="checkbox"/> Long term sick or disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired (Please tick one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> In a same sex civil partnership <input type="checkbox"/> Co-habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> I prefer not to say |