

MONITORING INFORMATION

We would be most grateful if you could find the time to complete this Equal Opportunities Monitoring Form. We would appreciate all questions being answered however, the completion of the form is voluntary and you may pass over any questions you do not wish to complete.

Eastleigh Borough Council is committed to promoting equality of opportunity for everyone in policy making, service delivery, employment practice, regulation and enforcement. The information you give will be used to improve the way in which we deliver our services to all residents and visitors.

This information is collected for monitoring purposes only and will have no bearing on how your application/comment/complaint is dealt with. The monitoring information will be kept separately from any identifying personal information.

The monitoring information you supply is part of our statutory duty under the Race Relations (Amendment) Act 2000 and Disability Discrimination Act 2005 and will be processed in compliance with the Data Protection Act 1998.

Thank you for your assistance.

1. Total number of people currently using your service/project.

2. How many disabled people use your service/project?

3. How many people using your service/project are:

Gender
<input data-bbox="212 1413 264 1462" type="checkbox"/> Female
<input data-bbox="596 1413 649 1462" type="checkbox"/> Male

A. White

British

Irish

Any other White background, please write in

B. Mixed

- White and Black Caribbean
- White and Black Africa
- White and Asian
- Any other Mixed background, please write in

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in

D. Black or Black British

- Caribbean
- African
- Any other Black background, please write in

E. Chinese

- Chinese
- Any other, please write in

- Prefer not to say

Age

Under 16	<input type="checkbox"/>	45 – 64	<input type="checkbox"/>
16 – 24	<input type="checkbox"/>	65 – 75	<input type="checkbox"/>
25 – 44	<input type="checkbox"/>	75+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Religion/Belief

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
No Religion	<input type="checkbox"/>		
Other religious beliefs (specify)	<input type="text"/>		
Prefer not to say	<input type="checkbox"/>		

Sexual Orientation

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		