# Recruitment for Patient Advisory Group - Equal Opportunities Monitoring Form

Why we are asking you to complete this form

RM Partners is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented. In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community.

Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data you have provided to inform discussions about how to improve the diversity of our Patient Advisory Group and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation

Equal opportunities information

**What year were you born?**

☐ Prefer not to say

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

☐ Yes, limited a little

☐ Yes, limited a lot

☐ No ☐ Prefer not to say

**If you answered ‘yes’ to question 2, please indicate your disability:**

☐ Vision (e.g. due to blindness or partial sight)

☐ Hearing (e.g. due to deafness or partial hearing)

☐ Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects

☐ Learning or concentrating or remembering

☐ Mental Health

☐ Stamina or breathing difficulty

☐ Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)

☐ Other impairment

☐ Prefer not to say

**What is your ethnic group?**

Choose one section from below and then tick the appropriate box to indicate your ethnic group.

White

☐ Welsh / English / Scottish / Northern Irish / British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, please write in………………………………………….

Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other mixed background, please write in……………………………………….....

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please write in…………………………………………..

 ☐ Prefer not to say

☐ Caribbean

☐ African

☐ Any other Black background, please write in…………………………………………..

Other ethnic group

☐ Arab

☐ Any other, please write in………………………………………………………………...

**Which of the following options best describes how you think of yourself?**

☐ Woman (including trans woman)

☐ Man (including trans man)

☐ Non-binary

☐ In another way

☐ Prefer not to say

**Is your gender identity the same as the gender you were given at birth?**

☐ Yes

☐ No

☐ Prefer not to say

**What is your legal marital or civil partnership status?**

☐ Divorced

☐ Formerly in a registered civil partnership which is now dissolved

☐ In a registered civil partnership

☐ Married

☐ Never married and never registered a civil partnership

☐ Separated, but still in a registered civil partnership

☐ Separated, but still legally married

☐ Surviving partner from a registered civil partnership

☐ Widowed

☐ Prefer not to say

**What is your religion?**

☐ No religion

☐ Atheist

☐ Buddhist

☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Any other religion, please write in……………………………………………………….

☐ Prefer not to say

**Which of the following options best describes how you think of yourself?**

☐ Bisexual

☐ Gay

☐ Heterosexual / Straight

☐ Lesbian

☐ In another way

☐ Prefer not to say

**Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?**

☐ No

☐ Yes, 1-19 hours a week

☐ Yes, 20-49 hours a week

☐ Yes, 50 or more hours a week

☐ Prefer not to say

**Thank you for completing these equal opportunity monitoring questions. Please return** **your completed survey to Fiona.Carr3@nhs.net**