

Monitoring Information

We collect the following information so we can monitor how far our client group represents the diverse communities of Rochdale, and work towards fair access to our services for all groups.

How would you describe your ethnic origin?

- | | | | |
|--------|---|--------|---|
| White: | <input type="checkbox"/> White British | Black: | <input type="checkbox"/> Black African |
| | <input type="checkbox"/> White Irish | | <input type="checkbox"/> Black Caribbean |
| | <input type="checkbox"/> Gypsy or Irish Traveller | | <input type="checkbox"/> Black Other: _____ |
| | <input type="checkbox"/> White other: _____ | Mixed: | <input type="checkbox"/> White and Black Caribbean |
| Asian: | <input type="checkbox"/> Pakistani | | <input type="checkbox"/> White and Black African |
| | <input type="checkbox"/> Bangladeshi | | <input type="checkbox"/> White and Asian |
| | <input type="checkbox"/> Chinese | | <input type="checkbox"/> Mixed Other: _____ |
| | <input type="checkbox"/> Indian | Other: | <input type="checkbox"/> Arab |
| | <input type="checkbox"/> Asian other: _____ | | <input type="checkbox"/> Other ethnic group (please state): _____ |
| | <input type="checkbox"/> Do not wish to state | | |

How would you describe your sexual orientation?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Do not wish to state |

Do you have a disability?

- | | |
|--|---|
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> No disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Do not wish to state |

How would you describe your religious beliefs?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Do not wish to state |
| <input type="checkbox"/> Other: _____ | |

How would you describe your relationship status?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Co-habiting | <input type="checkbox"/> Civil partnership |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Do not wish to state |

How would you describe your residency status?

- | | |
|--|---|
| <input type="checkbox"/> British citizen | <input type="checkbox"/> Asylum seeker |
| <input type="checkbox"/> EU National | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Do not wish to state |

Have you served in the Armed Forces? Yes No

Are you a Carer? Yes No

Do you have lived experience of mental health or emotional wellbeing problems?

- None Self Close friend/family