

Some information about you...

You don't have to answer any of these questions if you would prefer not to, but it really helps us if you do as we can make sure we are recruiting and engaging people from a range of communities and that our service is as inclusive as possible. All information will be kept in the strictest of confidence.

How old are you?		
<input type="checkbox"/> 0-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80 and over	
How would you describe your national identity?		
<input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish <input type="checkbox"/> British <input type="checkbox"/> I prefer not to say	<input type="checkbox"/> In another way <i>Please specify</i>
How would you describe your ethnicity or ethnic group?		
<input type="checkbox"/> White <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <i>Please specify</i>	<input type="checkbox"/> Mixed / multiple ethnic groups <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 <i>Please specify</i>	<input type="checkbox"/> Asian / Asian British groups <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <i>Please specify</i>
<input type="checkbox"/> Black / African / Caribbean / Black <input type="checkbox"/> British	<input type="checkbox"/> Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic	<input type="checkbox"/> I prefer not to say

<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background <i>Please specify</i> 	group <i>Please specify</i> 	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	--

How would you describe your religion or belief?

<input type="checkbox"/> No religion or belief <input type="checkbox"/> Christian (<i>including Church of England, Catholic, Protestant and all other Christian denominations</i>) <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Humanist	<input type="checkbox"/> I prefer not to say <input type="checkbox"/> Any other religion or belief <i>Please specify</i>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I prefer not to say
-------------------------------	---------------------------------	----------------------------------------------

Do you identify as Transgender?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
------------------------------	-----------------------------	--

How would you describe your sexual orientation?

<input type="checkbox"/> Lesbian or Gay (homosexual) <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight (or heterosexual)	<input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Questioning	<input type="checkbox"/> I prefer not to say <input type="checkbox"/> In another way <i>Please specify</i>
--------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

How would you describe your relationship status?

<input type="checkbox"/> Married <input type="checkbox"/> In a civil partnership <input type="checkbox"/> In a relationship	<input type="checkbox"/> Single <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> In another way <i>Please specify</i>
-----------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Do you have a physical or mental impairment that has a substantial and long term effect on your ability to carry out normal day-to-day activities?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say