

Equalities Monitoring Form for engagement activity

At Sutton CCG we monitor the diversity of our engagement and how far we reach into local communities. You do not have to fill in this form, but if you choose to do so, we will use the information you provide to inform and improve our work with local communities. The individual information you share on this form will be kept **confidential** by Sutton CCG.

1. Your name:	
2. Borough:	
3. Full post code:	
4. Please state what your occupation, or if retired, what you used to do:	
5. Ethnicity (Please tick the box that best describes your ethnic group)	
White	Black or Black British
<input type="checkbox"/> English	<input type="checkbox"/> African
<input type="checkbox"/> Irish	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Black British
<input type="checkbox"/> Scottish	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Welsh	
White Other	Asian or Asian British
<input type="checkbox"/> European	<input type="checkbox"/> Indian
<input type="checkbox"/> Greek/ Greek Cypriot	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Turkish	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Turkish/Cypriot	<input type="checkbox"/> East African Asian
<input type="checkbox"/> Kurdish	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Gypsy/Roma	
<input type="checkbox"/> Irish traveller	Other Ethnic Group
<input type="checkbox"/> Other (please specify below):	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Arab
	<input type="checkbox"/> Latin American
Mixed	<input type="checkbox"/> Any other ethnic background (Please specify):
<input type="checkbox"/> White and Black African	
<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Other (please specify):	



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6. Sex (Please tick the box that best describes you)				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
7. Gender Reassignment - Does your gender differ from your birth sex?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say		
8. Religion or Belief (Please tick as appropriate)				
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> No Religion		
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say		
<input type="checkbox"/> Jewish	<input type="checkbox"/> Rastafarian	<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jainism			
9. Sexual orientation (Please tick the box that best describes your sexual orientation)				
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Prefer not to say
10. Pregnancy and maternity (Please tick one box)				
Are you pregnant?		Have you had a baby in the last 12 months?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
11. Marriage or Civil Partnership/Marriage <i>Please tick one box</i>				
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> In a same sex civil partnership/marriage	
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
12. Age (Please tick one box)				
<input type="checkbox"/> 0-4	<input type="checkbox"/> 5-7	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-12	
<input type="checkbox"/> 13-17	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-24	<input type="checkbox"/> 25-29	
<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> 60-69	<input type="checkbox"/> 70-79	
<input type="checkbox"/> 80+				
13. Disability				
Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. However, in order to be able to identify and respond to your specific needs, it is important that we know what kind of disability you have.				
Do you have any of the following conditions that have lasted or are expected to last for at least 12 months?				
<input type="checkbox"/> Deafness or partial loss of hearing	<input type="checkbox"/> Blindness or partial loss of sight	<input type="checkbox"/> Learning disability		
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Long term illness or condition		
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other disabilities	<input type="checkbox"/> No disabilities		
14. Are you a carer? (for a friend or family member) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Thank you for completing this form. Please hand it to a member of staff from NHS Sutton CCG