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| Equity, diversity, and inclusion are at the heart of Healthwatch Brighton and Hove’s values. We recognise the diversity of the population we serve and take seriously the obligation to reach and include a diversity of people and we are committed to policy, procedure and practice that recognises and respects the identity, rights, abilities and needs of everyone, and actively opposes all forms of unfair discrimination.  To assist us, we collect equality data to better understand the demographic profile of those who we engage with so we can identify and address barriers to inclusion, to show that we are acting in accordance with the law, and to help us review and improve our services.  The information you provide here will be detached from anything that identifies you, so there will be no way of identifying you from the information you share here.  The controller of this data is Healthwatch Brighton and Hove. | | |
| **1. What age are you?** | □ 0 to 12 years  □ 13 to 15 years  □ 16 to 17 years  □ 18 to 24 years  □ 25 to 49 years | □ 50 to 64 years  □ 65 to 79 years  □ 80+ years  □ Prefer not to say |
| **2. What gender are you?** | □ Woman  □ Man  □ Non-Binary | □ Prefer to self-describe  □ Prefer not to say |
| **3. Do you identify as the sex you were assigned at birth?**  For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender. | | □ Yes  □ No  □ Prefer not to say |
| **4. Which of the following best describes your sexual orientation?** | □ Asexual  □ Bisexual  □ Gay Man  □ Heterosexual / Straight | □ Lesbian / Gay Woman  □ Pansexual  □ Prefer to self-describe  □ Prefer not to say |

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| **5. Marital and civil partnership status?** | □ Single  □ Co-habiting  □ In a Civil Partnership  □ Married  □ Separated | | □ Divorced / Dissolved Civil Partnership  □ Widowed  □ Prefer to self-describe  □ Prefer not to say |
| **6. Pregnancy and maternity?** | □ Currently Pregnant  □ Currently breastfeeding  □ Given birth in the last 6 months  □ Prefer not to say | | |
| **7. What is your Nationality?** | Please state: | | |
| **8. How would you describe your ethnicity?** | **Asian / Asian British**  □ Bangladeshi  □ Chinese  □ Indian  □ Pakistani  □ Any other Asian / British background | **Black / Black British**  □ African  □ Caribbean  □ Any other Black  Background | |
| **White**  □ British / English / Northern Irish / Scottish / Welsh  □ Irish  □ Gypsy, Traveller, or Irish Traveller  □ Roma  □ Any other White background | | **Mixed / Multiple**  □ Asian & White  □ Black African & White  □ Black Caribbean & White  □ Any other mixed / multiple background | |
| **Other**  □ Arab □ Any other ethnic background □ Prefer not to say | | | |

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| **9. Do you consider yourself to have a disability?** | □ Yes  □ No  □ Prefer not to say | |
| **9b. If yes, please indicate which.** | □ Physical or mobility impairment  □ Sensory Impairment  □ Learning Disability/Difficulty | □ Mental Health condition  □ Long term condition  □ Other |
| **9c. Do you have a long-term health condition?** | □ Yes  □ No  □ Prefer not to say | |
| **9d. If yes, please indicate which.** | □ Asthma, COPD, or respiratory condition  □ Blindness or severe visual impairment  □ Cancer  □ Cardiovascular condition (including stroke)  □ Chronic kidney disease  □ Deafness or severe hearing impairment | □ Dementia  □ Diabetes  □ Epilepsy  □ Hypertension  □ Learning disability  □ Mental health condition  □ Musculoskeletal condition  □ Other |
| **10. Are you a carer?**  A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | | □ Yes  □ No  □ Prefer not to say |
| **10b. If yes, who do you care for?** | □ Parent □ Partner / spouse  □ Other family member | □ Child with special needs  □ Friend  □ Other | |

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| **11. Are you currently serving in the UK Armed Forces?**  This includes reservists or part-time service such as the Territorial Army. | □ Yes  □ No  □ Prefer not to say |
| **11b. Have you ever served in the UK Armed Forces?** | □ Yes  □ No  □ Prefer not to say |
| **11c. Are you a member of a current or former serviceman or woman’s immediate family/household?** | □ Yes  □ No  □ Prefer not to say |

Thank you for completing this form.