

# Equality Monitoring Form

## Name of Club

### Age

Under 18 ☐ 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-65 ☐ Over 65 ☐ Do not wish to disclose ☐

### Gender

Please indicate if you are Female ☐ Male ☐ Do not wish to disclose ☐

### Ethnic Background

Please choose one category from A to E and then mark X in the appropriate box to indicate your ethnic background

A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other ethnic group
English <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Scottish <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Welsh <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		Do not wish to disclose <input type="checkbox"/>
Other <input type="checkbox"/>				

### Disability

Do you consider yourself to be a disabled person? Yes ☐ No ☐

If you have indicated yes, please mark X in all the boxes that apply to you

Visual impairment <input type="checkbox"/>	Physical disability <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>
Mental health issues <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>

### Religion

Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>
Christian <input type="checkbox"/>	No active faith <input type="checkbox"/>
Hindu <input type="checkbox"/>	Any other religion (please state) _____
Jewish <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>
Muslim <input type="checkbox"/>	