



Lyme Regis

Town Council

Equal Opportunities Monitoring Questionnaire

Why we are asking you to complete this form

Lyme Regis Town Council is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity of our employees and inclusivity of participation opportunities, but no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation.

If you would like this information in an alternative format, or would like help in completing the form, please contact us at enquiries@lymeregistowncouncil.gov.uk

Equality information

1. What age group do you belong to?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 18–25 | <input type="checkbox"/> 56–65 |
| <input type="checkbox"/> 26–35 | <input type="checkbox"/> 65 + |
| <input type="checkbox"/> 36–45 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 46–55 | |

2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

- | | |
|--|--|
| <input type="checkbox"/> Yes, limited a little | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, limited a lot | <input type="checkbox"/> Prefer not to say |

3. If you answered 'yes' to question 2, please indicate your disability:

- | | |
|--|--|
| <input type="checkbox"/> Vision, e.g. due to blindness or partial sight | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Hearing, e.g. due to deafness or partial hearing | <input type="checkbox"/> Stamina or difficulty breathing |
| <input type="checkbox"/> Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects | <input type="checkbox"/> Social or behavioural issues, e.g. due to autism, attention deficit disorder or Asperger's syndrome |
| <input type="checkbox"/> Learning, concentrating or remembering | <input type="checkbox"/> Other impairment |
| | <input type="checkbox"/> Prefer not to say |

4. What is your ethnic group?

Choose one section from A to E and then tick the appropriate box to indicate your ethnic group.

A. White:

- Welsh/English/Scottish/Northern Irish/British Irish
- Gypsy or Irish Traveller
- Any other White background, please write in.....

B. Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, please write in.....

C. Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in.....

D. Black or Black British:

- Caribbean
- African
- Any other Black background, please write in.....

E. Other ethnic group:

- Arab
- Any other, please write in.....
- Prefer not to say

5. What is your gender?

- Male
- Female
- Prefer not to say
- Prefer to self-identify, please write in

6. Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

- Yes
- No
- Prefer not to say

7. What is your legal marital or civil partnership status?

- Divorced
- Formerly in a registered civil partnership which is now dissolved
- In a registered civil partnership
- Married
- Never married and never registered a civil partnership
- Separated, but still in a registered civil partnership
- Separated, but still legally married
- Surviving partner from a registered civil partnership
- Widowed
- Prefer not to say

8. What is your religion?

- No religion
- Atheist
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Any other religion, please write in.....
- Prefer not to say
- Hindu
- Jewish
- Muslim
- Sikh

9. Which of the following options best describes your sexual orientation?

- Heterosexual/straight
- Lesbian
- Gay
- Bisexual
- Prefer not to say
- Prefer to self-identify

10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more hours a week
- Prefer not to say