

# Equality and Diversity

# monitoring form

At Touchstone Counselling wewant to ensure our service is accessible and reaching people we are funded to support.

Please will you help by filling in this form. This is voluntary and will in no way effect your use of the service. It will help us demonstrate to funders that we are meeting the needs of people who use the service and show continued need for the service. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form, please contact [sue.hill@touchstone-bradford.org.uk](mailto:sue.hill@touchstone-bradford.org.uk)

Please return the completed form to [sue.hill@touchstone-bradford.org.uk](mailto:sue.hill@touchstone-bradford.org.uk)

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| **Gender** | Male  Female  Intersex  Non-binary   Prefer not to say   If you prefer to use your own gender identity, please write in: |
| **Age** | 16-24 25-29  30-34  35-39 40-44   45-49  50-54 55-59  60-64  65+   Prefer not to say  |
| **Ethnicity** | ***Asian or Asian British***  Indian  Pakistani  Bangladeshi  Chinese   Prefer not to say   Any other Asian background, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Black, African, Caribbean or Black British***  African  Caribbean  Black British  Prefer not to say   Any other Black, African or Caribbean background, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Mixed or Multiple ethnic groups***  White and Black Caribbean  White and Black African   White and Asian  Prefer not to say   Any other Mixed or Multiple ethnic background, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***White***  English  Welsh  Scottish  Northern Irish  Irish   British  Gypsy or Irish Traveller  Prefer not to say   Any other White background, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Other ethnic group***  Arab  Prefer not to say   Any other ethnic group, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you consider yourself to have a disability or health condition?** | Yes No  Prefer not to say  |
| **Faith and/or Belief** | No religion or belief  Buddhist  Christian  Hindu   Jewish  Muslim  Sikh  Other   Prefer not to say   If other religion or belief, please write in:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have caring responsibilities?** | None   Primary carer of a child/children (under 18)   Primary carer of disabled child/children   Primary carer of disabled adult (18 and over)   Primary carer of older person   Secondary carer (another person carries out the main caring role)   Prefer not to say  |

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| *Thank you.*  *We appreciate your time and help enabling us to monitor and evaluate Touchstone Counselling* |