



EQUALITY AND DIVERSITY MONITORING FORM

Why we are asking you to complete this form

Apple Tree care home 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 patient safety partners 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, gender and sexual orientation.

If you would like this information in an alternative format, or would like help in completing the form, please contact manager@appletreecareyork.co.uk.

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

4. What is your ethnic group?



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

White:

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

Mixed:

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

Asian or Asian British:

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

Black or Black British:

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

Other ethnic group:

- 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 complete

