Identity Information

|  |  |
| --- | --- |
| Date completed: |  |
| Completed by: |  |

## Gender Identity

How do you describe your gender:

Man / male

Woman / female

Intersex

In another way

(for example, transgender, transsexual polygender, genderqueer, gender variant, bigender, gender non-conforming or in another way. If you wish to tell us, please do so below).

Prefer not to say

Have you ever identified as any other gender (legally or socially)?

Yes

No

Prefer not to say

## Sexual, romantic or affectional identity or orientation

How would you describe yourself?

Asexual

Bisexual

Gay (or homosexual)

Lesbian

Pansexual

Questioning

Queer

Straight (or heterosexual)

In another way (if you would like to tell us, please do so below)

Prefer not to say

## Age

Which of the following age ranges do you belong to?

Under 18

18 - 25

26 - 35

36 - 45

46 – 55

56 – 65

Over 65

Prefer not to say

## Ethnicity and Nationality

How would you describe your ethnicity or ethnic group?

## White

English/Welsh/Scottish/N. Irish/Cornish/British

Irish

Gypsy or Irish Traveller

Any other White background-

## Mixed / multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed / multiple ethnic background-

## Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background-

## Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean background-

## Other ethnic group

Arab

Any other ethnic group-

Prefer not to say

## Religion or belief

How would you describe your religion or belief?

No religion or belief

Christian (including C of E, Catholic, Protestant and all Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Agnostic

Atheist

Humanist

Any other religion or belief (if you would like to tell us, please do so below)

Prefer not to say

## Impairment and disability

Do you have a physical or mental impairment that has a substantial and long term affect on your ability to carry out normal day-to-day activities?

Yes

No

Prefer not to say

If yes, do you consider yourself to be disabled (for example, have you experienced disabling barriers, perceived or actual, such as people’s negative attitude towards you because of your impairment, the way things are organized, inaccessible buildings, outdoor environments or transport, the way information is communicated to you)?

Yes

No

In another way (if you would like to tell us, please do so below)

Prefer not to say

## Relationship status

How would you describe your relationship status?

Married

In a civil partnership

In a relationship

Single

Divorced

In another way (if you would like to tell us, please do so below)

Prefer not to say

## Preferred language

In the majority of circumstances, which of the following languages would you prefer to communicate in?

English

Welsh

Both or either

British Sign Language (BSL)

In another way (if you would like to tell us, please do so below)

Prefer not to say

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