

Identity Information

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|-----------------|--|
| 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