

Appendix 3

EQUALITIES MONITORING CATEGORIES: 2006

The following categories can be used in a horizontal format as on the current complaints procedure form, but not to be shortened, otherwise people will be confused by the lack of consistency. There is still a debate about monitoring re: sexual orientation and we will be working closely with the Council's LGBT staff support group on this.

Please see examples of explanatory statements on the equality and diversity website, which need to accompany use of equalities monitoring categories. It is important to always briefly explain why you are collecting this information and how you propose to use it. The information will be maintained confidentially and used in statistical format only to help us evaluate equal access to our services and assess different needs.

The disability categories are the current recommended ones by the Disability Rights Commission (2006).

Ethnic background

Please indicate your ethnic background

- A **White**
- British
 - Irish
 - Eastern European
 - Any other White background,
please specify.....
- B **Mixed**
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background,
please specify.....
- C **Asian or Asian British**
- Indian
 - Pakistani
 - Bangladeshi
 - Afghan
 - Any other Asian background,

please specify.....

D Black or Black British

- Caribbean
- African
- Any other Black background,
please specify.....

E Other Ethnic background

- Chinese
- Vietnamese
- Middle Eastern
- Any other ethnic background
please specify.....

DISABILITY

The Disability Discrimination Act considers a person disabled if:

- You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.
- Please state the type of impairment, which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment

Do you have any disability ? **YES** **NO**

If yes please specify.....

Physical impairment **Sensory impairment**

Mental Health condition **Learning disability/difficulty**

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Other please specify.....

GENDER

FEMALE

MALE

***AGE**

Under 16

16- 30

31- 49

50 -64

Over 65

*** Please note that age categories may vary according to the purpose of the exercise being undertaken.**

The following categories can be used as and when necessary for particular purposes, i.e when there is a need to collect the information only.

LANGUAGE SPOKEN

Please specify.....

RELIGION: Please answer if appropriate, in order to assess needs requirements for service provision:

- CHRISTIAN**

Please specify.....

- BUDDHIST**

- HINDU**

Please specify.....

- JEWISH**

- MUSLIM**

Please specify.....

- SIKH**

- OTHER**

Please specify.....