**Equal Opportunities Monitoring Form**

Families Outside is committed to developing services which are sensitive to and suitable for prisoners’ families, reflecting the fundamental equality and worth of every child and adult.

We record details of family members we work with to monitor the effectiveness of our Equal Opportunities Policy and to ensure the support we provide is fair and does not discriminate against any group.

We would be grateful if you would complete all sections of this form, provided you feel comfortable to do so.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender**  Which of the following best describes your gender? | | Male | |  | | Female | | |  | Other | |  | | Prefer to not say | | | | | |  | | |
|  | | Prefer to self describe: | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | | |
|  | |  | | | | | | |  |  | | | | | |  | | | | | | |
| **Sexual Orientation**  Which of the following best describes your sexual orientation? | | Bisexual | | |  | Gay or Lesbian | | |  | Heterosexual/Straight | | | | |  | | | Prefer to not say | | | |  |
|  | | Prefer to self describe: | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | | |
|  | |  | | | | | | |  |  | | | | | | | | | |  | | |
| **Gender Identity**  Do you identify as trans? | | Yes | | |  | | | No |  | Prefer to not say | | | | | | | | | |  | | |
|  | | Prefer to self describe | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | | |
|  | |  | | | | | | |  |  | | | | | | | | | |  | | |
| **Age** | | 16 - 21 | |  | | 22 - 35 | | |  | 36 - 50 | |  | | 51 - 64 | |  | | | 65 + |  | | |
|  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | | |
| **Disability**  The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment which has a substantial, long term adverse effect on a person’s ability to carry out normal day to day activities’. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | |  | |  | | | |  | | | |  | |
| Do you consider you have a disability? | | | | | | | Yes | | | |  | | No | | | |  | | | |  | |
|  | | | | | | |  | | | |  | |  | | | |  | | | |  | |
|  | | | | | | |  | | | |  | |  | | | |  | | | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity**  What is your ethnic group? | | | | | | | |
| Arab |  |  | | Mixed | | White and Black Caribbean |  |
| Asian or Asian British | Indian |  | | White and Black African |  |
| Pakistani |  | | White and Asian |  |
| Bangladeshi |  | | Any other mixed background |  |
| Chinese |  | | White | | British |  |
| Other |  | | Irish |  |
|  |  | | Other |  |
| Black or Black British | African |  | |  | | Other |  |
| Caribbean |  | | Prefer not to say |  |
| Other |  | | Prefer to self-describe: |  |
|  | | | | Click or tap here to enter text. | |
|  | | | | | | | |
| **Religion and belief**  What is your religion? | | | | | | | |
|  | Buddhist | |  |  | Christian | |  |
|  | Hindu | |  |  | Jewish | |  |
|  | Muslim | |  |  | Non-religious (atheist, humanist, etc.) | |  |
|  | Sikh | |  |  | Other | |  |
|  | Prefer not to say | |  |  | Prefer to self-describe: | |  |
|  | | | | | Click or tap here to enter text. | | |