**Annex 2 – Equality and Diversity form**

**The next set of questions asks about your personal characteristics. This information is separate to your application form and as such is anonymised. This is to help us understand the take up of the scheme among different groups of the population and won’t be used to identify individuals. These questions have been aligned with those used by the Office for National Statistics (ONS).**

|  |  |
| --- | --- |
| **Question** | **Please ( X ) as appropriate** |
| **What is your ethnic group? (Choose an option that best describes your ethnic group or background)** | |
| White: English / Welsh / Scottish / Northern Irish |  |
| White: Irish |  |
| White: Gypsy or Irish Traveller |  |
| Any other White background, please describe |  |
| Mixed / Multiple ethnic groups: White and Black Caribbean |  |
| Mixed / Multiple ethnic groups: White and Black African |  |
| Mixed / Multiple ethnic groups: White and Asian |  |
| Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background, please describe: |  |
| Asian / Asian British / Asian Welsh: Indian |  |
| Asian / Asian British / Asian Welsh: Pakistani |  |
| Asian / Asian British / Asian Welsh: Bangladeshi |  |
| Asian / Asian British / Asian Welsh: Chinese |  |
| Any other Asian / Asian British / Asian Welsh background, please describe |  |
| Black / African / Caribbean / Black British / Black Welsh |  |
| Black / African / Caribbean / Black British / Black Welsh: African |  |
| Black / African / Caribbean / Black British / Black Welsh: Caribbean |  |
| Black / African / Caribbean / Black British / Black Welsh: Any other Black / African / Caribbean background, please describe: |  |
| Other ethnic group: Arab |  |
| Any other ethnic group, please describe: |  |
| **Which of the following best describes how you think of yourself?** | |
| Heterosexual or Straight |  |
| Gay or Lesbian |  |
| Bisexual |  |
| Other |  |
| Prefer not to say |  |
| **What is your sex?** | |
| Male |  |
| Female |  |
| Another preferred term, please describe: |  |
| **Is the gender you identify with the same as your sex registered at birth?** | |
| Yes |  |
| No, enter gender identity: |  |
| Prefer not to say |  |
| **Are you pregnant now?** | |
| Yes |  |
| No |  |
| **Do you have any physical or mental health conditions or illnesses lasting or expecting to last for 12 months or more?** *This question along with the next one, measures disability as defined by the Equality Act 2010.* | |
| Yes |  |
| No |  |
| **[If yes] Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?** | |
| Yes, a lot |  |
| Yes, a little |  |
| Not at all |  |