

# EQUALITIES MONITORING FORM

SBHA's Board welcomes applicants from all sections of the communities that SBHA serves. In order to help us monitor the effectiveness of this, please also complete the below equalities information. This will be kept confidential and held separately from your application, and will only be used to compile statistics on SBHA's membership as a whole.

Please tick boxes applicable, and return along with your completed application.

**GENDER:** Male  Female  Transgender  Prefer not to say

**AGE:** Under 25  25-39  40-49  50-59  60-69   
70-79  80+  Prefer not to say

**MARITAL STATUS:** Married/Civil Partnership  Single   
Other  Prefer not to say

**SEXUAL ORIENTATION:** Bisexual  Gay  Heterosexual  Lesbian   
Other  Prefer not to say

## ETHNICITY

**WHITE:** Scottish  British  Irish  Gypsy/Traveller  Polish  Other

**MIXED OR MULTIPLE ETHNIC GROUP:** Any

**ASIAN:** Pakistani  Indian  Bangladeshi  Chinese  Other

**AFRICAN:** African  Other

**CARIBBEAN or BLACK:** Caribbean  Black

**OTHER ETHNIC GROUP:** Arab  Other  Prefer not to say

## RELIGION/BELIEF

Buddhist  Hindu  Jewish  Muslim  Christian  Sikh   
Other  No Religion  Prefer not to say

## DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY\*?

Yes  No  Prefer not to say

\* Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment; or the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

