

**Equal Opportunities and Diversity Questionnaire**

World Habitat is committed to ensuring that it is accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age. The information you give on this form will help us comply with our policy of ensuring equality and our aim to improve diversity*.*

We recognise that some people may regard some of this information as personal and we have, therefore, included an option in most questions for ‘prefer not to say’. You do not have to complete all of this form, but it will help us improve our services if you can complete as much as possible and return the form.

All information World Habitat collects around equality and diversity will be treated confidentially in accordance with the Data Protection Act. Access to this information will be restricted to staff involved in the processing and monitoring of this data. It will be used to provide statistical information only. Individual forms will be deleted after twelve months. Please give your consent below for your information to be stored and used in this way.

**Signature ………………………………………………….**

**Date …………………………………………………………**

**A. Your age**

**What is your date of birth?**

DD/MM/YYYY

Prefer not to say

**B. Your disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (ie has lasted or is expected to last at least 12 months) on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

|  |  |
| --- | --- |
| Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches |  |
| Visual impairment, such as being blind or having a serious visual impairment |  |
| Hearing impairment, such as being deaf or having a serious hearing impairment |  |
| Mental health condition, such as depression, anxiety or schizophrenia |  |
| Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder |  |
| Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy |  |
| Other (Please specify) |  |

Is there anything you would like us to do to manage your impairment better?

|  |
| --- |
|  |

**C. Your ethnic group**

(These are based on the Census 2001 categories, and are listed alphabetically)

**Asian, Asian British, Asian English, Asian Scottish, Asian Welsh or Asian Irish**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Other Asian Background |  |  |  |  |  |

**Black, Black British, Black English, Black Scottish, Black, Welsh or Black Irish**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other Black Background |  |

**Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Chinese Irish**

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Other Chinese Background |  |

**Mixed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White & Black African |  | White & Black Caribbean |  | White & Asian |  | Other Mixed Background |  |

**White**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White-English |  | White-Welsh |  | White-British |  | White Non-European |  |
| White-Scottish |  | White-Irish |  | White-European |  | Other White background |  |

**Other**

|  |  |  |
| --- | --- | --- |
| Other |  | ***Please state:*** |

|  |  |
| --- | --- |
| **Prefer not to say** |  |

**D. Your gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer not to say |  |

**Do you identify as transgender?**

For the purpose of this question ‘transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**E. Your religion or belief**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhism |  | Judaism |  | Other (please specify below) |  |
| Christianity |  | Islam |  | Prefer not to say |  |
| Hinduism |  | No religion |  | Sikhism |  |

**F. Your sexual orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bi-sexual |  | Heterosexual/straight |  | Gay man |  |
| Gay woman |  | Other (specify if you wish) |  | Prefer not to say |  |