**Cardiff Council Equality Monitoring Form**

Cardiff Council wants to make sure that all its services are accessible to everyone.

We therefore ask you to answer the following questions so we can be sure our services are delivered fairly and that no-one is discriminated against.

All questions are voluntary and it will not make any difference to the services you receive if you do not answer them. By choosing to answer them you are helping us to ensure everyone in our city is treated equally.

**Any information provided will be treated confidentially and we will not ask you to provide your name.**

So that we can target our services across the city, please tell us which area/suburb of Cardiff you live in

**Which term best describes your gender?** (please tick appropriate box)

Female □ Male □ Other □ Prefer not to say □

If you prefer to use your own term, please provide this here

**Do you identify as the gender you were assigned at birth?** (please tick appropriate box)

Yes □ No □ Prefer not to say □

**What was your age on your last birthday? Please tick one box only.**

Under 16 □ 16 – 24 □ 25 – 34 □ 35 - 44 □ 45 – 54 □ 55 – 64 □ 65+ □ Prefer not to say □

**Disability** (please tick appropriate box)

Identifying as a disabled person can include people with hearing or sight impairments, people with mental health difficulties or learning disabilities, people with mobility impairments, or those who have long-term health conditions, for example: depression, diabetes, asthma, multiple sclerosis, HIV or cancer.

**Do you identify as a disabled person?**

Yes (please specify): □ No □ Prefer not to say □

**Please tick any of the following that apply to you:**

Deaf / Deafened / Hard of hearing □ Mobility impairment □ Long standing illness or health condition □ Wheelchair user □ Visual impairment □ Learning impairment / difficulties □ Mental Health difficulties □ Prefer not to say □

Other (please specify):

**How would you describe your sexual orientation?** (please tick appropriate box)

Bisexual □ Gay / Lesbian □ Heterosexual / Straight □ Prefer not to say □

If you prefer to use a different term, please provide this here:

**Religious Belief / Non-Belief** (please tick appropriate box)

Do you regard yourself as belonging to any particular religion?

Yes □ (please specify): No □, no religion □

Christian □ Buddhist □ Hindu □ Prefer not to say □

Muslim □ Sikh □ Jewish □

Other (please specify):

**In which language would you prefer to receive correspondence?** (please tick appropriate box)

English □ Welsh □ Other (please specify):

**How would you describe your Welsh language skills?** (please tick appropriate box)

Fluent □ Moderate □ Basic □ Learner □ None □

**Are you?** (please tick appropriate box)

Only answer this question if you are over the age of 16

Single □ Married □ Registered Civil Partnership □ Prefer not to say □

Other (please specify):

**Ethnic Monitoring** (please tick appropriate box)

Do you consider yourself to be Welsh? Yes □ No □

White - Welsh / English / Northern Irish / Scottish / British □ White- Irish □

White - Gypsy or Irish Traveller □

Other White background □ (please specify):

Mixed / Multiple Ethnic Groups

White & Black Caribbean □ White & Black African □ White & Asian □

Other Mixed/Multiple ethnic background (please specify):

Asian /Asian British (please specify):

Indian □ Pakistani □ Bangladeshi □ Chinese □

Other Asian background (please specify):

Black British Caribbean / Black African / African/

Caribbean □ African □

Other Black / African / Caribbean background (please specify):

Arab □

Any other ethnic group □ (please specify):

Prefer not to say□

**Pregnancy and Maternity** (please tick appropriate box)

Are you pregnant, or have you given birth within the last 26 weeks?

Pregnant □ Given birth □ No □ Prefer not to say □

**Carers** (please tick appropriate box)

Do you care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support?

Yes □ No □

Thank you for taking the time to complete the Cardiff Council Equality Monitoring Form

If you require this form in another format or language, please contact the Equality Team

[Equalityteam@cardiff.gov.uk](mailto:Equalityteam@cardiff.gov.uk)