

Equality Monitoring Form

Gateway Wheelers is committed to promoting equality of opportunity and diversity. To help us monitor the equality element of our programmes, would you please complete this form and return it in the self-addressed envelope provided.

Monitoring is recommended to eliminate all forms of discrimination, whether intentional or unintentional. The information you provide on this form will be kept confidential.

Gateway Wheelers is committed to regularly updating relevant monitoring data. We respect a person's right not to answer sections of this form. However, the information you provide will help us monitor areas of under-representation.

Please return this form in the self addressed envelope provided.

| | |
|--|---|
| <p>What is your gender? (Please tick the box that applies)</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Please indicate which age group you belong:</p> <p>Under 16 <input type="checkbox"/></p> <p>16 – 24 <input type="checkbox"/></p> <p>25 – 44 <input type="checkbox"/></p> <p>45 – 64 <input type="checkbox"/></p> <p>65+ <input type="checkbox"/></p> | <p>In which Council area do you live?</p> <hr/> <p>What is your postcode?</p> <hr/> |
| <p>Disability</p> <p>The Disability Discrimination Act (DDA) considers a person disabled if you have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months and this condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.</p> <p>Do you consider yourself to be disabled as set out under the DDA? (Please tick Yes or No)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |

If Yes, please indicate the type of disability
(please tick):

- | | | | |
|------------------------------|--------------------------|---|--------------------------|
| 1 Mental Health Disability | <input type="checkbox"/> | 2 Learning Disability | <input type="checkbox"/> |
| 3 Physical Disability | <input type="checkbox"/> | 4 Deaf or hard of hearing | <input type="checkbox"/> |
| 5 Blind or partially sighted | <input type="checkbox"/> | 6 Other disability or medical condition | <input type="checkbox"/> |
- Please state
-

Ethnic Group:

Please indicate which Ethnic Group you consider you belong to:

- | | | | |
|---|--------------------------|------------------------|--------------------------|
| 1 White | <input type="checkbox"/> | 2 Chinese | <input type="checkbox"/> |
| 3 Irish Traveller | <input type="checkbox"/> | 4 Indian | <input type="checkbox"/> |
| 5 Pakistani | <input type="checkbox"/> | 6 Bangladeshi | <input type="checkbox"/> |
| 7 Black Caribbean | <input type="checkbox"/> | 8 Black African | <input type="checkbox"/> |
| 9 Black Other | <input type="checkbox"/> | 10 Mixed Ethnic Group | <input type="checkbox"/> |
| 11 Any other Ethnic Group (please specify below) | <input type="checkbox"/> | (please specify below) | |
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What was your country of birth? Please write in the present name of the country:

Thank you for completing this form.