**Equality and Diversity Monitoring Form**

CPSL Mind is committed to ensuring that our services reach everyone across all of our local communities. To help us achieve this, we need to know a bit more about you, to understand who we are engaging with our work, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. Any information that you provide on this form is considered private and will be held securely. We will use this information for statistical purposes only, no identifiable information is used.

|  |
| --- |
| How old are you (in years)?  |
| …………………… |
|  | Prefer not to say |

|  |
| --- |
| What is your gender?  |
|  | Female  |
|  | Male |
|  | Non-binary |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

|  |
| --- |
| Have you ever identified as trans?  |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

|  |
| --- |
| What is your ethnic background?  |
|  | Asian  |
|  | Black  |
|  | Mixed  |
|  | White |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

|  |
| --- |
| What is your sexual orientation?  |
|  | Bi  |
|  | Gay / lesbian |
|  | Heterosexual / straight |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

**m**

|  |
| --- |
| What is your religion or belief? |
| Buddhist |
| Christian  |
| Hindu |
| Jewish |
| Muslim |
| Sikh |
| No religion  |
| Any other (please specify if you wish) ………………… |
| Prefer not to say |

|  |
| --- |
| Where do you currently live? |
|  | Cambridge |  | Peterborough |
|  | East Cambridgeshire |  | Peterborough – Wansford  |
|  | South Cambridgeshire |  | Peterborough – Whittlesey  |
|  | Huntingdonshire |  | Peterborough – Thorney Eye |
|  | Fenland |  | Peterborough – Yaxley  |
|  | South Lincolnshire  |  | Peterborough – Newborough  |
|  |  |  | Prefer not to say |

|  |
| --- |
| Do you consider yourself to have a long term health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Asperger’s syndrome or deafness.  |
|   | Yes  |
|  | No  |
|  | If you ticked Yes, please tell us how best to support you:  |
|  | Prefer not to say |

|  |
| --- |
| Which of these categories best represents your experience of mental health problems? (Please tick all that apply)  |
|  | I have personal experience of mental health problems  |
|  | I use / have used mental health services |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health problems |
|  | I care or look after someone who has mental health problems |
|  | Another (please specify if you wish) …………………… |
|  | None of the above |
|  | Prefer not to say |