

MELTON BOROUGH COUNCIL EQUALITY and DIVERSITY MONITORING FORM

Monitoring Equality and Diversity

Melton Borough Council is committed to providing high quality services fairly and without discrimination to all members of the community. The following information will help us in our aim to continually improve the quality of our services for everyone and to identify if any particular areas of the community which are found to be under represented in comparison with data provided by the 2011 Census.

The Data Controller is:
Melton Borough Council
Parkside, Station Approach
Burton Street
Melton Mowbray. LE13 1GH.

Completion of this questionnaire is entirely voluntary and you may choose to complete all or part of this questionnaire.

Only submit/return this form/questionnaire if you consent to the Council processing your information for the stated purpose(s)

All questionnaires are anonymous and any information you provide will remain confidential.

The address for returning this form /questionnaire is..... OR you may use the enclosed pre-paid reply envelope.

Please note that the deadline for response is.....

Q1	Post Code:
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	Please provide ONLY THE FIRST 5 DIGITS e.g LE13 1
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Q2	At birth were you described as.... (please tick ✓ the box which best describes you):	
	Male	Female
	Intersex	I prefer not to say

Q3	Which of the following describes how you think of yourself? (please tick ✓ the box which best describes you)	
	Male	Female
	In another way	I prefer not to say

Q4	My Sexual orientation is....** THIS SECTION MUST BE REMOVED WHEN CONSULTING WITH CHILDREN**	
	Heterosexual/Straight	Gay Man
	Bisexual	Gay Woman/Lesbian
	Other	Prefer not to say

Q5	Which of the following age groups do you belong to? (please tick ✓ one box only)	
	Under 16	45 to 54
	16 to 18	55 to 64
	19 to 24	65 to 74
	25 to 34	75 & over
	35 to 44	Prefer not to say

Q6	Do you consider yourself to have a health problem or a disability which has lasted, or is expected to last at least 12 months?
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	YES	NO
If YES - please state the nature of your disability or illness (please tick ✓all appropriate boxes). A Disability can be defined as:		
	Physical impairment (e.g. using a wheelchair to get around and/or difficulty in using your arms)	
	Sensory impairment (e.g. being blind or deaf)	
	Mental health conditions (e.g. depression, schizophrenia)	
	Learning disability (e.g. dyslexia, Downs syndrome)	
	Cognitive impairment (e.g. autism, head injury)	
	Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease)	
	Other – please specify	

Q7	My racial origin is.... (please tick ✓ the box that best describes your ethnic origin most closely)	
	White British	Asian Indian
	White Irish	Asian Pakistani
	Mixed/Dual White & Black Caribbean	Asian Bangladeshi
	Mixed/Dual White & Black African	Any other Asian background
	White & Asian	Chinese
	Any other White background	Gypsy/ Traveller
	Black or Black British Caribbean	Polish
	Black or Black British African	Eastern European (please specify)
	Any other Black or Black British background	Other

Q8	My Religion/ Belief is.... (please tick ✓ the box which best describes you):	
	Christian	Buddhist
	Hindu	Jewish

	Muslim	Sikh
	Other	No Religion

Thank you for taking the time to complete this comment form.

