

**The Stockport Local Involvement Network [LINK]**  
**Sheet 7 – DIVERSITY MONITORING FORM**

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It would be very helpful if you would complete this form as fully as possible. We monitor this information to ensure that the LINK is available to all members of our community including those who may traditionally be under represented. This information that you provide on this form will be held in confidence, in accordance with the Data Protection Act 1998. It will be used only as part of a wider analysis, no individuals will be identifiable through this exercise and under no circumstances will information be passed to any other party. You are under no obligation to complete this form, however if you could return this with your application form, your support would be appreciated. Many thanks.

**Gender**

Male

Female

**Which of these activities best describe your situation?**

- Full time work
- Part time work
- Self employed
- Government scheme
- Full time education
- Unemployed but available to work due to illness/disability
- Wholly retired
- Looking after the home
- Other (please specify

\_\_\_\_\_

**Age**

\_\_\_\_\_

**Postcode**

(First 3 characters) \_\_\_\_\_

**Sexual Orientation**

How would you define your sexual orientation?

- Gay
- Lesbian
- Bisexual
- Heterosexual
- Prefer not to say

**Do you consider yourself to have a disability?**

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment or illness such as HIV, cancer, diabetes, heart conditions etc. Which has sustained and long term adverse effect on his or her ability to carry out normal day-to-day activities.

Yes

No

Please see over

**Disability**

If you have answered 'yes' to having a disability how would you describe your impairment?

- Physical impairment
- Visual impairment
- Learning disability
- Mental health/ Mental distress
- Hearing impairment/Deaf
- Long term limiting illness
- Other (please specify)

\_\_\_\_\_

**Religion/Faith**

Do you have a religion or faith?

Yes  No

If yes, please select:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Another religion or faith (please specify)\_\_\_\_\_

**Ethnic Origin**

Do you identify as:

**White:**

- English
- Welsh
- Scottish
- Irish
- Other white European
- Other white non-European

**Mixed / Dual Heritage:**

- White Asian
- White/Black African
- White/Black Caribbean
- Other Mixed Heritage (please specify)\_\_\_\_\_

**Black:**

- Caribbean
- African
- Other Black heritage:

**Asian:**

- Indian
- Pakistani
- Bangladeshi
- Other Asian (please specify)\_\_\_\_\_

**Other Ethnic Origin:**

- Chinese
- Traveller / Gypsy
- Other Ethnic Group (please specify)\_\_\_\_\_

**Carer** Is there someone who relies on you for day to day care and attention?

Yes  No

If **yes** are they: Children  A family member  Partner  Friend