**Student No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Equality and Diversity Monitoring Form**

The Belfast Recovery College is committed to equality of opportunity for all students. To assist in this monitoring process may we ask you a number of questions? This form is voluntary but we do encourage you to answer.

 / /

**(1) Date of Birth:**

**(2) Sex:** Male **□** Female **□** Other **□**

**(3)** **Marital Status:** Single **□** Married/Civil Partnership **□** Other **□**

 **(4) Community Background:** Please indicate your community background by ticking the appropriate box below.

a)I am a member of the Protestant community **□**

b) I am a member of the Roman Catholic community **□**

c) I am a member of neither the Protestant nor the Roman Catholic community **□**

 **(5)** **Religious Belief:** Please indicate if you practice a particular religion by ticking one box.

Buddhist **□** Christian **□** Hindu **□** Jewish **□** Muslim **□** Sikh **□**

None **□** Other **□**

 **(6) Ethnic Group:** To which of these ethnic groups do you consider you belong?

Bangladeshi **□** Black African **□** Black Caribbean **□**

 Black Other **□** Chinese **□** Filipino **□**

 Indian **□** Irish Traveller **□** Mixed Ethnic Group **□**

 Pakistani **□** White **□** Other **□**

 **(7) Nationality:**

British **□** English **□** Filipino **□** Indian **□**

Irish **□** Latvian **□** Lithuanian **□** Northern Irish **□**

Pakistani **□** Polish **□** Portuguese **□** Scottish **□**

Welsh **□** Other **□**

**(8)** **Do you have caring responsibilities for:** (tick each box that applies to your circumstances)

 a child (or children) **□**

 a dependent older person **□**

 a person(s) with a disability **□**

 none of the above **□**

 **(9) Disability:**

**The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.** "Normal day-to-day activities" listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.

**(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer ‘yes’ below.)**

Having read this definition, do you consider yourself as having a disability?

 Yes **□** No **□**

**If yes, please indicate which type of impairment(s) apply to you:** (please tick all that apply to you)

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

**□**

Learning disability, such as Down’s Syndrome, Dyslexia or Cognitive Impairment such as Autism

**□**

Mental health condition, such as depression or schizophrenia

**□**

Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches **□**

Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment **□**

Other

**□**

1. **Sexual Orientation:**

My sexual orientation is towards someone:

Of the opposite sex **□** Of the same sex **□** Of the same sex and of the opposite sex **□**

I do not wish to answer **□**

1. **Political Opinion:**

Please tick the appropriate box to indicate your political opinion.

Broadly Nationalist **□** Broadly Unionist **□** Other **□**

I do not wish to answer **□**

**NB Your answers will be used by us to give an anonymous return for equality purposes to provide a quality service for all of the community. Everything you say will be treated confidentiality.  *It will be securely disposed after a period of time and not used for any other reason other than for the purpose of running the programme. Statistical information may also be shared with the Public Health Agency for the internal and external evaluation of our work. This information will be statistical and will not contain any identifiable information. For a copy of the information we hold please contact*** RecoveryCollege@belfasttrust.hscni.net.