

QF 19/6

REF:...............................

**EQUAL OPPORTUNITIES**

**PRIVATE AND CONFIDENTIAL**

New Life Counselling is committed to providing equal access for all clients who wish to engage in our services. To ensure that we are providing a fair and equal service we need to monitor the community and ethnic background of clients referred to our services. Therefore, we request that you complete the following questions. This information is maintained in a confidential and secure manner. It is anonymised and only used for statistical purposes.

# Religion

*Which of the following religions, religious denominations or bodies do you currently belong to? If you do not belong to any of these, please mark 'None'.*

Protestant Catholic Buddhist Hindu Jewish Muslim Sikh

I prefer not to answer this question Other (Please Specify) \_\_...........................................

**Gender**

*Is your gender identity the same as the gender you were originally assigned at birth?*

Yes No

# Ethnicity

*Please tick the box below which best represents your ethnic minority*

White Irish Traveller Roma Traveller Mixed Ethnic Group

Indian Pakistani Bangladeshi Chinese Black Caribbean

Black African Black Other I prefer not to answer this question

# Community background

*Select your community background*

I am a member of the Protestant Community I am a member of the Catholic Community

I am a member of neither the Protestant nor the Catholic Community

# Political Opinion

*Select your political opinion*

Broadly Nationalist Broadly Unionist Other

I prefer not to answer this question

**Marital status**

*Please tick the box below which indicates your status*

Separated Married/Civil Partnership Divorced/Dissolved Civil Partnership

Cohabiting Widowed Single Other (Please Specify)...........................................

I prefer not to answer this question

**Sexual Orientation**

Gay Man Lesbian Bixsexual I prefer not to say Heterosexual

Other (please specify)..................

# Country

*Select your birth country*

Northern Ireland Republic of Ireland England Scotland Wales Other

# Impairment

*If you have an impairment please select*

Physical – Such as difficulty using arms or mobility requiring a wheelchair or crutches

Mental Health – Such as depression or schizophrenia

Learning difficulty – Such as Down’s Syndrome, Dyslexia OR Cognitive Impairment such as Autism

Sensory impairment – Such as blind/visual impairment or deaf/hearing impairment

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

I prefer not to answer this question

Other Impairment (specify other impairments that are not in the list above

# Caring Responsibilities

*Do you have any caring responsibilities?*

Child/children under 18An older personA person with a disability

None of the above I prefer not to answer this question

Other Caring Responsibilities *(Specify other caring responsibilities that are not in the list above if applicable)*

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**Please note it is not compulsory for you to answer the above questions.**

***Thank you for your co-operation***