

Equalities Data Questionnaire

Age

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.

Please tick the band for your age:	16–24		25–34	
	35–44		45–54	
	55–65		65+	
Prefer not to say				

Belief or religion

Please tick the box which best describes your belief or religion from the list below?

Buddhism:	
Christianity	
Catholic:	Protestant:
Hinduism:	Other:
Islam:	
Judaism:	
Sikhism:	
Other religion (please state what this is):	
No specific belief in religion (for example, atheism or agnosticism):	
Other belief (for example, humanism):	
Prefer not to say	

Disability

Are you a disabled person?	Yes	No
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If yes, please tick the box which category you would use from the following list:

Autoimmune: (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis)	
Learning difficulties: (for example, Down's Syndrome)	
Mental health issue: (for example, depression, bi-polar)	
Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)	
Physical impairment: (for example, wheelchair-user, cerebral palsy)	
Sensory impairment – hearing impairment	
Sensory impairment – visual impairment	
Other: If none of the categories above apply to you, please specify the nature of your impairment.	
Prefer not to say	

Ethnicity

Please tick the box that best describes your particular ethnic group:

African

African, African Scottish, or African British:	
Other African background (please specify):	

Asian, Scottish Asian, or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British:	
Indian, Indian Scottish, or Indian British:	
Pakistani, Pakistani Scottish or Pakistani British:	
Chinese, Chinese Scottish or Chinese British:	
Other Asian background (please specify):	

Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish, or Black British	
Other Caribbean or Black background (please specify)	

Mixed groups

Mixed or multiple ethnic group (please specify)	
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White

Scottish		English		Welsh		Irish	
Other British		Polish		Roma		Gypsy/Traveller	
Other group (please specify your ethnic group)							
Prefer not to say							

Marriage and civil partnership

Are you presently in a civil partnership?	Yes		No	
Are you presently married?	Yes		No	
Prefer not to say				

Pregnancy and maternity

Are you pregnant?	Yes		No	
Have you taken maternity or paternity leave in the past year?	Yes		No	
Prefer not to say				

Sex

What is your sex?	Female		Male		Intersex	
Prefer not to say						

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?	Yes		No	
Prefer not to say				

Sexual orientation

Bisexual	
Gay man	
Heterosexual/straight	
Lesbian/gay woman	
Other	
Prefer not to say	