

Equality Monitoring questionnaire

NHS Business Services Authority (NHSBSA) Policy

Please provide us with some information about yourself. We do this to make sure that our services are being accessed by everyone who is entitled to use them. It is not compulsory to do so, but you can be assured that all the information you do provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.

Surname SD or NI number EA/GP Code

1. What is your gender? Tick one box only.

Male Female Transgender/transsexual I would rather not say

2. Which age group applies to you? Tick one box only.

16-24 years 25-34 years 35-44 years 45-54 years
 55-64 years 65 years and over I would rather not say

3. What is your ethnic group? Tick one box only.

This is about the ethnic group to which you feel you belong and not about citizenship or nationality. If you feel you belong to more than one ethnic group, please choose the one you feel you most belong to or choose the 'Mixed/multiple ethnic background' option.

A. White:

English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller
 Any other white background Please state

B Asian or Asian British:

Bangladeshi Indian Pakistani Chinese
 Any other Asian background Please state

C Mixed:

White and Black Caribbean White and Black African White and Asian
 Any other mixed/multiple ethnic background Please state

D Black/African/Caribbean/Black British

Caribbean African
 Any other Black/African/Caribbean background Please state

E Other ethnic group

Arab Prefer not to say

Any other ethnic group Please state

4. Which of the following best describes your sexual orientation? Tick one box only.

Lesbian Gay Bisexual Heterosexual/straight Prefer not to say

Other Please state

5. What is your religion or belief? Tick one box only.

Christianity or Christian denominations (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhism Hinduism Islam Jainism Judaism Sikhism

Atheism/no religion Prefer not to say

Other Please state

6a. Are you a disabled person as defined by the Equality Act 2010? Tick one box only.

Yes No I would rather not say

The Equality Act 2010 defines a disabled person as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

6b. If yes, please tick all which apply.

Long-term illness/health condition Learning Disability / Difficulty

Mental Health Condition Physical Impairment Sensory Impairment

Other Please state

7a. Do you have caring responsibilities for any children or adults?

Yes No

7b. If yes, please tick which apply.

Child(ren) Adult(s)

7c. If yes, are you a registered carer?

Yes No

**Send this form to NHS Pensions.
Thank you for providing your information.**