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***About You:* Equal Opportunities in Healthwatch Lambeth**

Healthwatch Lambeth is committed to having a diverse Board of Trustees and to treating people fairly. To help to assure ourselves and our partners including the public that we are promoting equality and tackling discrimination and that we are ensuring the widest possible contribution at Board level it is very useful to have this information.

Please be assured that the information you give is held confidentially and not linked to your application.

|  |  |  |
| --- | --- | --- |
| **Age (years)** | | |
| **□** | 18-30 | |
| **□** | 31-60 | |
| **□** | 61+ | |
| **□** | Prefer not to say | |
| **Gender identity: which of the following describes your gender identity?** | | |
| **□** | Male | |
| **□** | Female | |
| **□**  **□** | Other: please say \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |
| **Ethnicity**. Which of the following best describes your ethnicity?  Please write in where appropriate | | |
| **□** | White British | |
| **□** | White Other: please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **□** | Asian/ Asian British | |
| **□**  **□**  **□** | Chinese  Black African  Black Caribbean | |
| **□**  **□**  **□** | Mixed / multiple ethnic heritage: please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | |
| **Sexuality: w**ould you describe yourself as Lesbian, Gay, or Bisexual? | | |
| □ | Yes □ No □ Prefer not to say | |
|  |  | |
|  | | **Disability**  Do you have any long-standing illness, disability or infirmity? (Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?  **□ Yes □ No** |
|  | | **Caring responsibilities**  This question is about people who provide unpaid care for family member(s), partner or friends because they are ill, frail or have a disability. It includes caring for someone who misuses alcohol or substances.  Are you responsible for caring for an adult relative or partner, child with special needs, friend or neighbour?  **□ Yes □ No** |
|  | | **Employment** (tick as many as apply)  As of today are you:  **□** Employed full time □ Employed part time □ Self employed  □ Unemployed, seeking work □ Out of work, not seeking work  □ Unable to work □ Homemaker □ Student  □ Retired □ Something else (please say)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for completing this form

Please send it in with your application

It will be separated from your application and filed confidentially.

It will not be seen by anyone interviewing you