**Victoria Baths Equality Monitoring Form**

The information you provide will help us to ensure we as an organisation are as inclusive as possible. Participation in this survey is voluntary. Data will not be shared outside of the Organisation.

1. **Sex (Tick the relevant box or describe below)**

Male (including trans men)  Female (including trans women)

Non Binary  Intersex

Other/in another way, not listed  Prefer not to say

Prefer to describe: ………………………………………………………………………………………………………………………………

1. **Do you Identify as trans?**

Yes  No  Prefer not to say

1. **Age**

18-34  35-49  50-64  65+  Prefer not to say

1. **Ethnicity**

|  |  |
| --- | --- |
| White - British | White - Irish |
| White – Roma | White – Irish Traveller |
| White – Romany Gypsy | White – any other background |
| Mixed – White and Black Caribbean | Mixed – White and Black African |
| Mixed – White and Asian | Mixed or multiple ethic groups |
| Asian/ Asian British – Indian | Asian- Asian British - Pakistani |
| Asian- Asian British – Bangladeshi | Asian- Asian British - Pakistani |
| Asian- Asian British – Chinese | Any other Asian Background |
| Black/ Black British – African | Black/ Black British – Caribbean |
| Arab | Any other Ethnic Group |
| Prefer not to say |  |

Prefer to describe: ………………………………………………………………………………………………………………………………

1. **Do you identify with any of the following religions?**

|  |  |  |
| --- | --- | --- |
| Buddhist | Christian | Hindu |
| Muslim | Jewish | Sikh |
| Spiritual | No Religion | Prefer not to say |

1. **Are you disabled, have an impairment, condition or access need?**

Yes  No  Prefer not to say

1. **What categories best describe your impairment, condition or access need? Please select all that apply and/or describe below.**

|  |  |
| --- | --- |
| Chronic or long-term condition | Chronic or long-term pain |
| Dexterity (handling or using objects) | Hearing |
| Learning, understanding or concentrating | Memory |
| Mental health | Mobility (moving around) |
| Neurodivergence (including autism, social or behavioural differences or ADHD) | |
| Neurological condition (including epilepsy)  Speech or language | |
| Vision | Stamina, breathing or fatigue |
| Condition not described | Prefer not to say |

Prefer to describe: ………………………………………………………………………………………………………………………………

1. **How would you describe your sexual orientation?**

|  |  |  |
| --- | --- | --- |
| Bisexual | Gay Man | Gay Woman/ Lesbian |
| Heterosexual/ Straight | Queer | Pansexual |
| Asexual, greysexual, demisexual | | Prefer not to say |

Prefer to describe: ………………………………………………………………………………………………………………………………

Please complete this form and return it alongside your application.

Thank you