

## EQUALITIES MONITORING FORM

(Equalities & Welsh Language Team – [equalities@caerphilly.gov.uk](mailto:equalities@caerphilly.gov.uk))

Please tick all boxes that apply or choose the “Prefer not to say” option if that is your choice.

If you have already completed this form previously, there is no need to complete it again unless anything has changed.

<b>I AM...</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer to self-describe <input type="checkbox"/> Please describe: _____	Prefer not to say <input type="checkbox"/>			
<b>WHAT BEST DESCRIBES YOUR GENDER?</b>	Man <input type="checkbox"/>	Woman <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Prefer to self-describe <input type="checkbox"/> Please describe: _____	Prefer not to say <input type="checkbox"/>		
<b>AGE</b>	16-25 <input type="checkbox"/>	26-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-65 <input type="checkbox"/>	66+ <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
<b>SEXUAL ORIENTATION</b>	Asexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Heterosexual/Straight <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
	Other <input type="checkbox"/>		Please describe: _____				
<b>MARITAL STATUS</b>	Civil Partnership or Married <input type="checkbox"/>	Living with a Partner <input type="checkbox"/>	Single <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			
<b>DISABILITY</b>	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?						
	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>		
	Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?						
	Yes, a lot <input type="checkbox"/>		Yes, a little <input type="checkbox"/>		Not at all <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
	I am not disabled <input type="checkbox"/>		Hearing Impaired <input type="checkbox"/>		Learning Difficulties <input type="checkbox"/>		
	Physical/Mobility Impaired <input type="checkbox"/>		Speech Impaired <input type="checkbox"/>		Visually Impaired <input type="checkbox"/>		
Prefer not to say <input type="checkbox"/>		Other <input type="checkbox"/> Please describe: _____					
<b>WELSH LANGUAGE SKILLS</b> <small>*<a href="#">Intranet Portal - Welsh Language Skills Levels</a></small>	<b>Listening / Speaking</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	<b>Reading / Understanding</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	<b>Writing</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>						
<b>BRITISH SIGN LANGUAGE SKILLS</b>	No BSL Skills <input type="checkbox"/>	Understand BSL <input type="checkbox"/>	Use BSL <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			
<b>OTHER LANGUAGE SKILLS</b>	Staff with language skills will not be expected to undertake any duties using those language skills unless willing to do so, and if so, will be fully supported. Please state language and level using the link to the language skills level document*: _____ _____ _____						

This form is available in Welsh, and in other languages and formats on request.

Mae'r ffurflen hon ar gael yn Gymraeg, ac mewn ieithoedd a fformatau eraill ar gais.

<b>WHAT IS YOUR ETHNIC GROUP?</b>	Prefer not to say <input type="checkbox"/>						
	<b>WHITE</b>						
	Welsh <input type="checkbox"/>	English <input type="checkbox"/>	Scottish <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>
	Other White Background <input type="checkbox"/>			Please describe: _____			
	<b>MIXED/MULTIPLE ETHNIC GROUPS</b>						
	White and Black Caribbean <input type="checkbox"/>			White and Black African <input type="checkbox"/>		White and Asian <input type="checkbox"/>	
	Other Mixed/Multiple ethnic background <input type="checkbox"/>			Please describe: _____			
	<b>ASIAN/ASIAN BRITISH</b>						
	Indian <input type="checkbox"/>		Pakistani <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>		Chinese <input type="checkbox"/>
	Other Asian background <input type="checkbox"/>			Please describe: _____			
	<b>BLACK /AFRICAN/CARIBBEAN/BLACK BRITISH</b>						
	African <input type="checkbox"/>		Caribbean <input type="checkbox"/>				
	Other Asian background <input type="checkbox"/>			Please describe: _____			
	<b>OTHER ETHNIC GROUP</b>						
Arab <input type="checkbox"/>		Other ethnic background <input type="checkbox"/>			Please describe: _____		

<b>RELIGION OR BELIEF</b>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Humanist <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>	Other <input type="checkbox"/>
	Please describe: _____				

<b>CARING RESPONSIBILITIES</b>	No caring responsibilities <input type="checkbox"/>		Care for child/children (under 18) <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>	
	<b>Primary Carer</b>			<b>Secondary Carer</b>		
	Older Person/s (65+)		<input type="checkbox"/>	Older Person/s (65+)		<input type="checkbox"/>
	Disabled Child		<input type="checkbox"/>	Disabled Child		<input type="checkbox"/>
	Disabled Adult		<input type="checkbox"/>	Disabled Adult		<input type="checkbox"/>
	Other		<input type="checkbox"/>	Other		<input type="checkbox"/>
	Please describe: _____					

## PRIVACY NOTICE

You have a number of rights in relation to the information including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed. For further information on how we process your information and your rights please click the following link:

[Privacy Notice - Equalities & Welsh Language Training](#)