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| BRITISH ICE SKATING EQUALITY MONITORING FORM   To ensure we achieve a balance of stakeholders from different communities we would appreciate you completing this equality monitoring information for us. The information will be used to support our action plans to increase diversity within Ice Skating. This is extremely helpful to us – thank you. Age    |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Under 18 | 18 – 24 | 25 – 34 | 35 – 44 | 45 – 54 | 55 – 64 | 65 – 74 | 75+ |    Gender Please indicate if you are  Male  Female  I would prefer not to answer this question   Do you consider your gender to be the same as at your birth? Yes  No  I would prefer not to answer this question   Religion or Belief What is your religion or belief? Please indicate below   |  |  |  |  | | --- | --- | --- | --- | | Buddhist |  | Muslim |  | | Christian (all demoninations) |  | Sikh |  | | Hindu |  | No Religion/Faith |  | | Atheist |  | Other faith background |  | | Jewish |  | Prefer not to say |  |    Sexual orientation What is your sexual orientation? Please indicate below | | | | | |
|  | Heterosexual/Straight |  | Gay Woman/Lesbian |  |  |
| Gay Man |  | Bisexual |  |
| Prefer not to say |  | Other |  |

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| Ethnic background Indicate in the appropriate box your ethnic background. Ethnic categories are not about nationality, place of birth or citizenship. They are about the group to which you feel you belong to. The descriptions below are from the 2011 census.    What is your ethnic background? Please indicate below     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | White |  | Mixed/Multiple Ethnic Groups |  | Asian/Asian British |  | | British English |  | White & Black Caribbean |  | British - Indian Indian |  | | Irish |  | White & Black African |  | British- Pakistani Pakistani |  | | Scottish |  | White & Asian |  | British –Bangladeshi Bangladeshi |  | | Welsh |  | Mixed background  Mixed other background |  | British-Chinese Chinese |  | | Gypsy or Irish Traveller |  |  |  | Other Asian background |  | | Other white background |  |  |  |  |  |      |  |  |  |  | | --- | --- | --- | --- | | Black/African/Caribbean/Black British |  | Other Ethnic Group |  | | Black-Caribbean Caribbean |  | Arab |  | | British-African African |  | Other (Please specify) |  | | Other |  |  |  |     Prefer not to disclose ethnic origin |
| Disability Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities. Substantial means more than minor or trivial. Impairment covers, for example, long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone diseases. A mental health condition includes mental health conditions (such as depression), learning difficulties (such as dyslexia) and learning disabilities (such as Down’s Syndrome). Individuals including those with cancer, multiple sclerosis and HIV/AIDS are automatically protected as disabled people by the Act.    **Do you consider your day-to-day activities to be limited as a result of a health condition or disability /impairment which has lasted, or is expected to last, at least 12 months?**  Yes, limited a lot  Yes, limited a little  No  I prefer not to answer this question    If no answered above, this is the end of the equality monitoring form. If yes…How would you describe your impairment?    Please tick all the boxes that apply to you:     |  |  |  |  | | --- | --- | --- | --- | | Visual impairment  (Blind/partially sighted) |  | Learning impairment/disability (e.g. Downs syndrome etc.) |  | | Hearing impairment (Deaf/hard of hearing) |  | Learning difficulties  (e.g. Movement Co-ordination Difficulty  (Dyspraxia), Dyslexia etc.) |  | | Physical impairment – ambulant (I do not use a wheelchair) |  | Physical impairment (Wheelchair user) |  | | Long term illness  (e.g. Cancer, HIV+ etc.) |  | Mental health condition  (e.g. Depression, stress etc.) |  | | Other (Please specify) |  | I would prefer not to answer this question |  |     **What effect does your impairment have on your day-to-day life?**  No effect  Some effect  Significant effect  I prefer not to answer this question |