



EQUALITY & DIVERSITY MONITORING

AdvoCard aims to provide equal opportunities to everyone involved in the service. We'd be grateful if you complete this form to help us understand whom we are reaching and how to better serve everyone in our community.

CONSENT

By answering these questions, I agree to any information below being held anonymously by AdvoCard in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulations.

I agree

I DO NOT agree and I DO NOT want to answer any of the questions below

Do you need help to complete this form?

Yes

No

Prefer not to say

What is your involvement with AdvoCard?

Service User

Employee

VolunteerTrainee

Board Member

Job Applicant

What is your Postcode? (first 4 or 5 characters only)

E H ____ X X

Prefer not to say

What is your Age?

_____ years

Prefer not to say

What is your Gender?

Female

Male

Other

Prefer not to say

Do you regard yourself as transgender?

Yes

No

Other

Prefer not to say

What is your Sexual Orientation?

Bisexual

Gay Woman/Lesbian

Gay Man

Other

Heterosexual/Straight

Prefer not to say

What is your Race or Ethnicity?

Scottish
British
Other

English
Irish

Welsh
Polish

N.Irish
Gypsy/Traveller

Mixed or Multiple Groups

Pakistani
Indian
Bangladeshi
Chinese
Other Asian

Pakistani Scottish or British
Indian Scottish or British
Bangladeshi Scottish or British
Chinese Scottish or British

(continued on next page)

Race / Ethnicity (continued)

African	African Scottish or British	African other
Black	Black Scottish or British	Black other
Caribbean	Caribbean Scottish or British	Caribbean other
Arab	Arab Scottish or British	Arab other
Prefer not to say		

How would you rate your English Speaking Ability?

Very good	OK	A little	No English
Prefer not to say			

Do you need an Interpreter or Translation?

Yes	No	Prefer not to say
-----	----	-------------------

If yes, what is your preferred language?

Disability and long term health impairments

Do you have any of the following conditions, which have lasted, or are expected to last, at least 12 months? Tick ALL that apply

Deafness or hearing impairment	Autism	Mobility
Blindness or severe visual impairment	Stamina	Dexterity
Learning or understanding	Breathing or Fatigue	Memory
Social or behavioural	Chronic illness	Mental Health
Other	None	Prefer not to say

How limited are you in relation to any impairments?

Limited a lot	Limited a little	Not limited	Prefer not to say
---------------	------------------	-------------	-------------------

Do you have a Carer?

Yes	No	Prefer not to say
-----	----	-------------------

What is your employment status?

Employed Full-Time	Unemployed	Employed Part-Time	Student
Looking for work	Retired	Currently unfit for work	Carer
Other	Prefer not to say		

How would you describe your Faith or Belief?

No Religion	Church of Scotland	Roman Catholic	Other Christian
Buddhist	Hindu	Jewish	Muslim
Pagan	Sikh	Atheist	Humanist
Another religion	Prefer not to say		

Month: _____ Year: _____

Thank you for taking time to complete this survey