

About this equalities monitoring form.

Swale Borough Council wants to know about all the people who need our services; whether they are already using them or not.

This monitoring form helps us to highlight inequalities, which we can investigate and take action to remove. Without it we can't answer questions like:

- Who are our customers?
- Who is not using our services and why?
- How satisfied are our customers with the council?
- How can we make our services better?

We use the information to develop new services and improve existing ones, and to make sure that the quality of service different people receive and the employment opportunities open to them, are the same.

You do not have to provide any of the information asked for in the form if you don't want to. It will not make any difference to the services we provide to you. Your rights remain the same.

The information obtained may be shared with other departments within the Council for the same purposes only. By completing the monitoring questions on this form you are giving Swale Borough Council consent to hold and process the information in accordance with the Data Protection Act 1998 and it will be used only for those purposes detailed above. The Data controller is Swale Borough Council.

(Please mark an 'X' in the appropriate box)

Q1 What is your gender?	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Q2 Is your gender identity the same as the gender you were assigned at birth??	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q3 What age bracket do you fall into? <i>(Please enter your age in the boxes provided)</i>		
<input type="checkbox"/> 16 – 19 years	<input type="checkbox"/> 20 – 24 years	
<input type="checkbox"/> 25 – 44 years	<input type="checkbox"/> 45 – 60 years	
<input type="checkbox"/> 61 – 74 years	<input type="checkbox"/> 75 - 84 years	
<input type="checkbox"/> 85 or above	<input type="checkbox"/> Would prefer not to say	

Q4 Does this describe you? Do you consider yourself to be disabled as described in the Act?	<input type="checkbox"/> Yes <i>(Go to Q4a)</i>	<input type="checkbox"/> No <i>(Go to Q5)</i>
The Disability Discrimination Act defines disability as ‘a physical or mental impairment with a substantial and long-term adverse effect on a person’s ability to carry out day-to-day activities’.		

Q4a How would you describe your impairments? <i>(Please mark an ‘X’ in all boxes that apply)</i>	
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Mental health/ mental distress
<input type="checkbox"/> Visual impairment/ blind	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Hearing impairment/ deaf	<input type="checkbox"/> Other <i>(Please specify below)</i>

Please Specify here:

Q5 How would you describe your sexual orientation? <i>(Please mark an ‘X’ in one box only)</i>	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay	<input type="checkbox"/> Other
<input type="checkbox"/> Would prefer not to say	

Q6 How would you describe your ethnic group? <i>(Please mark an ‘X’ in one box only)</i>	
White	
<input type="checkbox"/> British	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> African
<input type="checkbox"/> European	<input type="checkbox"/> other <i>(Please specify below)</i>
<input type="checkbox"/> other <i>(Please specify below)</i>	
Black or Black British	
Asian or Asian British	
<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other <i>(Please specify below)</i>	<input type="checkbox"/> Other <i>(Please specify below)</i>
Mixed Race	

Chinese	Traveller
<input type="checkbox"/> Chinese	<input type="checkbox"/> English Gypsy
	<input type="checkbox"/> Irish Traveller
	<input type="checkbox"/> Other Traveller
	<input type="checkbox"/> Other ethnic group

Please Specify here:

With regards to Guidance and Leaflets produced by Swale Borough Council, other than English, what other languages would be useful to you?

Please Specify here:

Q7 How would you describe your religion? <i>(Please mark an 'X' in one box only)</i>	
<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> No Religion	<input type="checkbox"/> Other <i>(Please specify below)</i>

Please Specify here:

Q8 Which of the following postcode are you resident? <i>(Please mark an 'X' in the appropriate box)</i>	
<input type="checkbox"/> ME8	<input type="checkbox"/> ME9
<input type="checkbox"/> ME10	<input type="checkbox"/> ME11
<input type="checkbox"/> ME12	<input type="checkbox"/> ME13
<input type="checkbox"/> Other <i>(Please specify below)</i>	<input type="checkbox"/> Prefer not to say

If you are not sure of your post code, please give the town or village where you live:

Please Specify here:

Thank you for taking the time to complete this survey, please return this information to the **Licensing Department** of Swale Borough Council. Please note that this information shall be used solely by the Borough Council to ensure their services are being accessed equally and fairly and to improve the existing services provided.