



Ponhafren Association Equal Opportunities Monitoring Form

Code:
Date:

Gender					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Age Range					
0 – 4 years	<input type="checkbox"/>	20 – 24 years	<input type="checkbox"/>	55 – 64 years	<input type="checkbox"/>
5 – 9 years	<input type="checkbox"/>	25 – 34 years	<input type="checkbox"/>	65 – 74 years	<input type="checkbox"/>
10 – 14 years	<input type="checkbox"/>	35 – 44 years	<input type="checkbox"/>	75 – 84 years	<input type="checkbox"/>
15 – 19 years	<input type="checkbox"/>	45 – 54 years	<input type="checkbox"/>	85 + years	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				

Ethnic Origin					
White					
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>				
Mixed Ethnic Background					
Mixed Ethnic Background	<input type="checkbox"/>				
Asian / British Asian					
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>		
Black / African / Caribbean / Black British					
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		
Any other Black / African / Caribbean background					
Other Ethnic Group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
If other please state here:					



Sexual Orientation		
Heterosexual	<input type="checkbox"/>	Bisexual <input type="checkbox"/> Lesbian / Gay <input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	

Are you a Welsh Speaker			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Learning <input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

How would you describe your religious beliefs			
No religion	<input checked="" type="checkbox"/>	Christian	<input type="checkbox"/> Buddhist <input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/> Muslim <input type="checkbox"/>
Other, please state:			
Prefer not to say:			

Do you consider yourself to have a disability?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If yes, please describe:			
* The Equality Act 2010 defines disability as 'A physical or mental impairment, which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities'.			

Where did you hear about Ponthafren?

Please note that this information will be treated as confidential.

Print Name:

Signature:	Date:
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Ponthafren Association, Longbridge Street, Newtown, Powys, SY16 2DY
 For more information please call 01686 621586
 or email: admin@ponthafren.org.uk

www.ponthafren.org.uk

