

Sheffield City Council monitoring form

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us get a picture of who contacts us, uses or does not access our services, so will help us improve what we provide and reduce potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential and secure. The better the information that we collect is, the more effective our monitoring will be.

If you do not want to answer any specific question then please leave it blank.

Ethnicity

White

- English/Welsh/Scottish/British/Northern Irish
 - Irish
 - Gypsy/Irish Traveller
 - Roma
 - Other White background (please state below)
-

Asian or Asian British

- Indian Pakistani
 - Bangladeshi Chinese
 - Other Asian background (please state below)
-

Black or Black British

- Caribbean
 - Somali
 - Other African
 - Other Black background (please state below)
-

Other ethnic group

- Yemeni
 - Other ethnic group (please state below)
-

Mixed/multiple heritage

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Other mixed background (please state below)
-

Age

- 16-18 19-24 25-34
- 35-44 45-54 55-64
- 65-74 75-84 85+

Gender

- Female Male
 - Other (please state below)
-

Gender identity

Is your gender identity the same as the gender you were assigned at birth?

- Yes No

Caring responsibilities

A carer is anyone who provides unpaid care by looking after or giving help or support to family members, friends, neighbours or others because of long-term physical or mental ill health/disability, or problems related to old age.

Are you an unpaid carer?

- Yes No

Childcare responsibilities

If you have unpaid responsibility for children as a parent/grandparent/guardian/etc, please select which age group(s).

- Children aged 0 to 4 (preschool)
- Children aged 5 to 10 (primary)
- Children aged 11 to 18 (secondary)

Are you pregnant or have you given birth in the last 26 weeks?

- Yes No



Disability

A disability is an impairment that has (or is likely to have) a substantial (more than minor), adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.

Do you consider yourself to be a disabled person?

- Yes No

If you have answered 'yes', please tick the box(es) below that best describe your impairment(s). This information helps us improve access and remove barriers to our services.

- | | |
|---|---|
| <input type="checkbox"/> Communication, eg impaired speech | <input type="checkbox"/> Developmental, eg dyslexia |
| <input type="checkbox"/> Hearing, eg mild to profound deafness | <input type="checkbox"/> Impaired memory/concentration or ability to understand, eg stroke, dementia, head injury |
| <input type="checkbox"/> Learning (mild, moderate or severe) | <input type="checkbox"/> Long-term illness or health condition, eg cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chronic asthma |
| <input type="checkbox"/> Mental ill health, eg bipolar disorders, schizophrenia, depression | <input type="checkbox"/> Mobility or physical, eg back problems, difficulty walking, impaired use of a limb |
| <input type="checkbox"/> Visual, eg blind or partially sighted | |
| <input type="checkbox"/> Other (please state below) | |
-

Relationship status

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Civil partnership | <input type="checkbox"/> Married |
| <input type="checkbox"/> Co-habiting | <input type="checkbox"/> Single |
| <input type="checkbox"/> Other (please state below) | |
-

Religion/belief

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | |
| <input type="checkbox"/> Other (please state below) | |
-

Sexual orientation

- Bisexual
- Gay man
- Lesbian/gay woman
- Heterosexual/straight
- Other (please state below)
-

Postcode

(First part of code only, eg S1)

Residency

Are you a British/United Kingdom citizen?

- Yes No

Are you a national of another country?

- EU national
- Other (please state below)
-

- Refugee Asylum seeker
-

Employment status

- Student
- Employed/self-employed
- Not employed and looking for work
- Not employed and not looking for work
- Apprenticeship scheme/training
- Retired
- Other (please state below)
-

Service personnel and their families

Are you currently serving or a veteran in the UK Armed Forces? Yes No

Are you a member of a serviceman's or servicewoman's immediate family? Yes No

Are you a reservist or in part time service such as in the Territorial Army? Yes No

Please tell us any other considerations you would like us to know.
