

Sheffield City Council Monitoring Form

It is essential that our services are provided fairly and that they reach the people who need to use them. The monitoring information we collect is vital to this process. It helps us understand who is using our services and who is not, having this information helps us improve services and reduce barriers to access. The information we collect will always be kept confidential and secure.

If you do not wish to answer a question you can 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
 - African other
 - Other Black background (please state below)
-

Other ethnic group

- Yemeni
 - Other Arab
 - 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)
-

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

- Yes No

Age

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

Sex

- Female Male Intersex
 - Other (please state below)
-

Gender Identity

- Female Male Non-binary
 - Other (please state below)
-

Would you describe yourself as trans*?

- Yes
- No

Sexual orientation

- Bi
 - Gay/lesbian
 - Heterosexual/straight
 - Other (please state below)
-

Caring responsibilities

A carer is anyone who provides unpaid care by looking after or giving help or support to family members (including a disabled child), friends, neighbours or others because of long-term physical or mental ill health / disability, or problems related to old age. It does not include parents of non-disabled children.

Are you an unpaid carer?

- 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). We list a few examples but recognise many other conditions could also be listed.

- | | |
|--|--|
| <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 head injury, stroke, dementia |
| <input type="checkbox"/> Learning (mild to profound learning disability) | <input type="checkbox"/> Long-term illness or health condition, eg cancer, HIV, diabetes, chronic heart disease, arthritis, chronic asthma |
| <input type="checkbox"/> Mental ill health, eg bipolar disorders, schizophrenia, depression, anxiety | <input type="checkbox"/> Mobility or physical, eg walking, dexterity |
| <input type="checkbox"/> Visual, eg partially sighted to blind | <input type="checkbox"/> Autistic Spectrum Disorders or Attention Deficit Disorders |
| <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) | |
-

Postcode

(First part of code only, eg S1)

Residency

Are you a British/United Kingdom citizen?

- Yes No

Are you either a...

- Refugee? Asylum seeker?

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 serviceperson's immediate family? Yes No

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