

Patient and Public Voice (PPV) Partners

Equal Opportunities Monitoring Form

# Why we are asking you to complete this form

NHS England is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

# Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data you have provided to inform discussions about how to improve the diversity of our PPV Partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation.

If you would like this information in an alternative format, or would like help in completing the form, please contact us **<insert contact details of team seeking PPV Partners>**

# Equal opportunities information

## What year were you born?

\_ \_ \_ \_

* Prefer not to say

## Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

* Yes, limited a little
* Yes, limited a lot
* No
* Prefer not to say

## If you answered ‘yes’ to question 2, please indicate your disability:

* Vision (e.g. due to blindness or partial sight)
* Hearing (e.g. due to deafness or partial hearing)
* Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
* Learning or concentrating or remembering
* Mental Health
* Stamina or breathing difficulty
* Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)
* Other impairment
* Prefer not to say

## What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

1. White

* Welsh / English / Scottish / Northern Irish / British
* Irish
* Gypsy or Irish Traveller
* Any other White background, please write in………………………………………….

1. Mixed

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other mixed background, please write in……………………………………….....

1. Asian or Asian British

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background, please write in…………………………………………..

1. Black or Black British

* Caribbean
* African
* Any other Black background, please write in…………………………………………..

1. Other ethnic group

* Arab
* Any other, please write in………………………………………………………………...
* Prefer not to say

## What is your sex?

* Male
* Female
* Intersex
* Prefer not to say

## Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

* Yes
* No
* Prefer not to say

## What is your legal marital or civil partnership status?

* Divorced
* Formerly in a registered civil partnership which is now dissolved
* In a registered civil partnership
* Married
* Never married and never registered a civil partnership
* Separated, but still in a registered civil partnership
* Separated, but still legally married
* Surviving partner from a registered civil partnership
* Widowed
* Prefer not to say

## What is your religion?

* No religion
* Atheist
* Buddhist
* Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
* Hindu
* Jewish
* Muslim
* Sikh
* Any other religion, please write in……………………………………………………….
* Prefer not to say

## Which of the following options best describes your sexual orientation?

* Heterosexual / straight
* Lesbian
* Gay
* Bisexual
* Other
* Prefer not to say

## Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?

* No
* Yes, 1-19 hours a week
* Yes, 20-49 hours a week
* Yes, 50 or more hours a week
* Prefer not to say

Thank you for completing these equal opportunity monitoring questions. Please return your completed survey by email to [england.speccomm-south@nhs.net](mailto:england.speccomm-south@nhs.net) or post to Business Support Team

Specialised Commissioning

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