

1. What is your gender?

Female Male Transgender Prefer not to say

Other (please specify)

2. Is this the same gender as you were assigned at birth?

Yes No

3. **A 100.0%** How would you describe yourself? (you can mark more than one option)

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian British | <input type="checkbox"/> East Asian Chinese | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> East Asian Japanese | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> East Asian Korean | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> South East Asian | <input type="checkbox"/> White English |
| <input type="checkbox"/> Any other Asian background (please specify below) | <input type="checkbox"/> Any other East Asian background (please specify below) | <input type="checkbox"/> White Scottish |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Other ethnic group (please specify below) | <input type="checkbox"/> White Welsh |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Mixed Heritage (please specify below) | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Any other black background (please specify below) | <input type="checkbox"/> White & East Asian | <input type="checkbox"/> Any other white background (please specify below) |
| <input type="checkbox"/> East Asian British | <input type="checkbox"/> White & Black British | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify) | | |

4. What is your sexual orientation?

- | | | |
|--------------------------------|---|---|
| <input type="radio"/> Bisexual | <input type="radio"/> Gay Woman/Lesbian | <input type="radio"/> Other |
| <input type="radio"/> Gay man | <input type="radio"/> Heterosexual/Straight | <input type="radio"/> Prefer not to say |

5. Please confirm which of the following age brackets you fit into

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="radio"/> 0 - 19 years | <input type="radio"/> 50 - 59 years | <input type="radio"/> 90 - 99 years |
| <input type="radio"/> 20 - 29 years | <input type="radio"/> 60 - 69 years | <input type="radio"/> 100 + years |
| <input type="radio"/> 30 - 39 years | <input type="radio"/> 70 - 79 years | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 40 - 49 years | <input type="radio"/> 80 - 89 years | |

6. What is your current relationship status?

- | | | |
|---|--------------------------------|---|
| <input type="radio"/> Married | <input type="radio"/> Single | <input type="radio"/> In a relationship |
| <input type="radio"/> Civil Partnership | <input type="radio"/> Divorced | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Co-Habiting | <input type="radio"/> Widowed | |

7. What is your religion or belief system?

- | | | |
|--|---|---|
| <input type="radio"/> Buddhist | <input type="radio"/> Muslim | <input type="radio"/> Atheist |
| <input type="radio"/> Christian | <input type="radio"/> Sikh | <input type="radio"/> Agnostic |
| <input type="radio"/> Hindu | <input type="radio"/> Other religion or belief (please specify below) | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Jew | <input type="radio"/> No religion | |
| <input type="radio"/> Other (please specify) | | |

8. Do you consider yourself to have a disability or long term health condition?

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

9. If you answered yes to Question 8, do you have any access requirements?

10. Do you have care responsibilities for any of the following?

- | | | | |
|--|--|---|---|
| <input type="radio"/> Dependent children | <input type="radio"/> Other dependents | <input type="radio"/> I have no care responsibilities | <input type="radio"/> Prefer not to say |
|--|--|---|---|

11. If you answered yes to Question 10, please detail any challenges or barriers that you face in the workplace as a result of your care responsibilities?