

1. What is your gender?

Female  Male  Trans-female  Trans-male  Gender fluid  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 - 5 years   | <input type="radio"/> 20 - 24 years | <input type="radio"/> 50 - 64 years     |
| <input type="radio"/> 6 - 11 years  | <input type="radio"/> 25 - 34 years | <input type="radio"/> 65 + years        |
| <input type="radio"/> 12 - 19 years | <input type="radio"/> 35 - 49 years | <input type="radio"/> Prefer not to say |

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  |   |
| <input type="radio"/> Other (please specify) |                                |   |

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="checkbox"/> Visual Impairment       | <input type="checkbox"/> Cognitive or learning disabilities | <input type="checkbox"/> Unknown           |
| <input type="checkbox"/> Hearing impairment/Deaf | <input type="checkbox"/> Mental health condition            | <input type="checkbox"/> Non disabled      |
| <input type="checkbox"/> Physical disabilities   | <input type="checkbox"/> Other long term/chronic condition  | <input type="checkbox"/> Prefer not to say |

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