



Victoria Centre, 46- 50 Palk Road, Wellingborough, NN8 1HR.

# VICTORIA CENTRE

## Equality and Diversity Form

In order to provide the best service to you and ensure our environment is set up to meet your needs, as well as helping us to comply with the 2010 Equality Act, we would like to ask you some questions. Please be assured that your answers are confidential. If you prefer not to disclose some personal information each question has a 'prefer not to say' option. If you have any questions or need support filling in the form please contact the office.

Please mark selections with an x in the box

### AGE

18 – 24  25 – 44  45 – 64  65 – 74  Over 75  Prefer not to say

### NATIONALITY (please state country of nationality)

What is your nationality? .....

### ETHNIC ORIGIN

**White** English  Irish  Scottish  Welsh

Gypsy or Traveller  Other white background (Please state) .....

### Mixed

White & Black Caribbean  White & Black African  White & Asian

Other Mixed Background (please state) .....

### Asian

British – Indian  Indian  British – Pakistani  Pakistani

British- Bangladeshi  Bangladeshi  British – Chinese  Chinese

Any Other Asian background (please state) .....

### Black

Black Caribbean  Caribbean  British African  African  British

Other Black Background (Please state) .....

Arab  Any other ethnic group (Please state) .....

Prefer not to disclose my ethnic origin



**RELIGION OR BELIEF**

Which religion or belief system do you most identify with?

Bahai  Buddhist  Christian  Hindu  Humanist   
 Jain  Jehovah's Witness  Jewish  Mormon   
 Muslim  Sikh  Quaker   
 No religion or faith  Other (please state) .....  
 Prefer not to say

**DISABILITY**

Do you consider yourself to have a disability?

Yes  No  Prefer not to say

**If you have indicated 'yes' to having a disability please indicate the impairments you feel apply to you**

Blind/partially sighted  Deaf/hard of hearing  Physical disability   
 Learning disability  Communication barriers  Mobility difficulties   
 Experience of mental and emotional distress   
 Other ( Please state) .....  
 Prefer not to say

**GENDER**

Male  Female  Transgender  Non-binary  Prefer not to say

**SEXUAL ORIENTATION**

Which of the following options best describe how you think of yourself?

Heterosexual/Straight  Gay Man  Gay Woman/Lesbian   
 Bisexual  Asexual  Other (please state) .....  
 Prefer not to say

**Thank you. All information will be treated as confidential.**

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Issue date: 2 December 2020

Review date .....