

BRITISH ICE SKATING EQUALITY MONITORING FORM

To ensure we achieve a balance of stakeholders from different communities we would appreciate you completing this equality monitoring information for us. The information will be used to support our action plans to increase diversity within Ice Skating. This is extremely helpful to us – thank you.

1) Age

Under 18 <input type="checkbox"/>	18 – 24 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	45 – 54 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>	65 – 74 <input type="checkbox"/>	75+ <input type="checkbox"/>
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2) Gender

Please indicate if you are

Male

Female

I would prefer not to answer this question

Do you consider your gender to be the same as at your birth?

Yes

No

I would prefer not to answer this question

3) Religion or Belief

What is your religion or belief? Please indicate below

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian (all demoninations)	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No Religion/Faith	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Other faith background	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

4) Sexual orientation

What is your sexual orientation? Please indicate below

Heterosexual/Straight	<input type="checkbox"/>	Gay Woman/Lesbian	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other	<input type="checkbox"/>

5) Ethnic background

Indicate in the appropriate box your ethnic background. *Ethnic categories are not about nationality, place of birth or citizenship. They are about the group to which you feel you belong to. The descriptions below are from the 2011 census.*

What is your ethnic background? Please indicate below

White		Mixed/Multiple Ethnic Groups		Asian/Asian British	
British English	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	British - Indian Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	British- Pakistani Pakistani	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	British –Bangladeshi Bangladeshi	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Mixed background Mixed other background	<input type="checkbox"/>	British-Chinese Chinese	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>			Other Asian background	
Other white background	<input type="checkbox"/>				

Black/African/Caribbean/Black British		Other Ethnic Group	
Black-Caribbean Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>
British-African African	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
Other			

Prefer not to disclose ethnic origin

6) Disability

Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities. Substantial means more than minor or trivial. Impairment covers, for example, long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone diseases. A mental health condition includes mental health conditions (such as depression), learning difficulties (such as dyslexia) and learning disabilities (such as Down's Syndrome). Individuals including those with cancer, multiple sclerosis and HIV/AIDS are automatically protected as disabled people by the Act.

Do you consider your day-to-day activities to be limited as a result of a health condition or disability /impairment which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No
- I prefer not to answer this question

If no answered above, this is the end of the equality monitoring form.

If yes...How would you describe your impairment?

Please tick all the boxes that apply to you:

Visual impairment (Blind/partially sighted)	<input type="checkbox"/>	Learning impairment/disability (e.g. Downs syndrome etc.)	<input type="checkbox"/>
Hearing impairment (Deaf/hard of hearing)	<input type="checkbox"/>	Learning difficulties (e.g. Movement Co-ordination Difficulty (Dyspraxia), Dyslexia etc.)	<input type="checkbox"/>
Physical impairment – ambulant (I do not use a wheelchair)	<input type="checkbox"/>	Physical impairment (Wheelchair user)	<input type="checkbox"/>
Long term illness (e.g. Cancer, HIV+ etc.)	<input type="checkbox"/>	Mental health condition (e.g. Depression, stress etc.)	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	I would prefer not to answer this question	<input type="checkbox"/>

What effect does your impairment have on your day-to-day life?

- No effect
- Some effect
- Significant effect
- I prefer not to answer this question