

In order that we provide the best service for all communities and to ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.



You do not have to answer any of these questions, but we would be grateful if you would.

Age:	<input type="checkbox"/> I prefer not to say		
Race (Taken from the proposed 2011 census categories)			
White			
<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British			
<input type="checkbox"/> Irish			
<input type="checkbox"/> Gypsy or Irish traveller			
<input type="checkbox"/> Any other White background, write in:	<input style="width: 100%;" type="text"/>		
Mixed/ Multiple ethnic groups			
<input type="checkbox"/> White and Black Caribbean			
<input type="checkbox"/> White and Black African			
<input type="checkbox"/> White and Asian			
<input type="checkbox"/> Any other mixed/multiple ethnic background, write in:	<input style="width: 100%;" type="text"/>		
Asian/ Asian British			
<input type="checkbox"/> Indian			
<input type="checkbox"/> Pakistani			
<input type="checkbox"/> Bangladeshi			
<input type="checkbox"/> Chinese			
<input type="checkbox"/> Any other Asian background, write in:	<input style="width: 100%;" type="text"/>		
Black/ African/ Caribbean/ Black British			
<input type="checkbox"/> African			
<input type="checkbox"/> Caribbean			
<input type="checkbox"/> Any other Black/ African/ Caribbean/ Black British Background, write in:	<input style="width: 100%;" type="text"/>		
Other ethnic group			
<input type="checkbox"/> Arab			
<input type="checkbox"/> Any other ethnic group, write in:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> I prefer not to say			
Language What is your main language?			
<input type="checkbox"/> English			
<input type="checkbox"/> Other (including sign languages), write in:	<input style="width: 100%;" type="text"/>		
How well can you speak English?			
Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>

Please turn over and answer the questions on the other side

Religion/belief	
<input type="checkbox"/> No religion	
<input type="checkbox"/> Christian (including Church of England, Catholic and all other Christian denominations)	
<input type="checkbox"/> Buddhist	
<input type="checkbox"/> Jewish	
<input type="checkbox"/> Hindu	
<input type="checkbox"/> Muslim	
<input type="checkbox"/> Sikh	
<input type="checkbox"/> Agnostic	
<input type="checkbox"/> I prefer not to say	
<input type="checkbox"/> Any other religion/belief, write in:	<input type="text"/>
Disability Do you consider yourself to have any of the following? (Please tick all that apply)	
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Long Standing Illness	<input type="checkbox"/> Learning Difficulty
<input type="checkbox"/> I do not have a disability	<input type="checkbox"/> I prefer not to say
<input type="checkbox"/> Other, please state:	<input type="text"/>
Sexual orientation	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual
<input type="checkbox"/> I prefer not to say	
Gender	
<input type="checkbox"/> Woman	<input type="checkbox"/> Man <input type="checkbox"/> I prefer not to say
<input type="checkbox"/> Do you live and work permanently in a gender other than that assigned at birth?	

Thank you for your cooperation

Please contact the Home-Start Sheffield Office on 0114 2788377 if you have any questions about this questionnaire.