Women in Prison is committed to ensuring all our services inclusive and are free from unfair and unlawful discrimination. As part of this process, we monitor equalities data for staff, volunteers and women engaged with our services. This helps us understand who we are reaching, reduce inequalities and continually inform our policies and practices. Information you provide on this form is voluntary. It will be stored in line with General Data Protection Regulation (GDPR) 2018. Thank you for taking the time to complete this form.

|  |
| --- |
| 1. **Age**   What is your age group?  o 17 and under o 18-25 o 26-35 o 36-49 o 50-64 o 65+ o Prefer not to say |
| 1. **Ethnicity**   Please tick the category that you feel best describes your ethnicity:  **Asian or Asian British Black or Black British**  o Bangladeshi o African  o Chinese o Caribbean  o Indian o Any other Black background (please specify)  o Pakistani  o Any other Asian Background (please specify)  **Shared Heritage White**  o White and Asian o **British**  o White and Black African o European  o White and Black Caribbean o Irish  o Any other shared heritage (please specify) o Any other White background (please specify)  **Other Ethnic Background**  o Arab  o Gypsy or Irish Traveller  o Roma  o Any other ethnic group (please specify)  o Prefer not to say |
|  |
| 1. **Sex, gender identity and trans status**   **o** Female o Male o Non-binary o Other – please specify  o Prefer not to say  Does your gender identity correspond to your birth sex? o Yes o No o Prefer not to say  If no, please provide further detail |
| 1. **Religion or Belief**   How would you describe your religion or belief?  o Buddhist o Christian (including Church of England, Catholic, Protestant, & all other denominations)    o Hindu o Jewish o Muslim o Sikh  o None (secular/agnostic/atheist) o Prefer not to say  o Other (please specify) |
| 1. **Disability**   Under the Equality Act 2010, a person is considered to have a disability if they have a physical or mental impairment that has a s**ubstantial**and**long-term** negative effect on their ability to carry out normal day-to-day activities.  **Do you consider yourself to have a disability?** o Yes o No o Prefer not to say  If yes please tick all that apply:  o ADHD o Autism Spectrum Disorder o Chronic/long term health condition  o Dyslexia o Dyspraxia o Hearing disability  o Learning disability o Mental health issue o Neurodivergent    o Physical disability o Visual disability o Other (please specify) |
| 1. **Sexuality**   How would you describe your sexuality?  o Bisexual oGay oHeterosexual oLesbian  o Other (please specify) o Prefer not to say |
| 1. **Caring Responsibilities**   Are you a carer for child and/or adult dependent? o Yes o No  o Child o Adult o Prefer not to say |
| 1. **Care Leaver Status**   Have you spent time in care?  o Yes o No o Prefer not to say |
| 1. **Do you have lived experience of the Criminal Justice System**   o Yes – Direct experience o Yes – Indirect experience (e.g. family member) o No o Prefer not to say |

|  |
| --- |
| 1. **Legal marital or registered civil partnership status**   o Never married and never registered in a civil partnership    o Married o In a registered in civil partnership  oSeparated but still legally married o Separated but still legally in a civil partnership  o Divorced o Formerly in a civil partnership which is now legally dissolved  o Widowed o Surviving partner from a registered civil partnership  o Other (please specify) o Prefer not to say |