



## **Angling Trust Equality Monitoring Form**

Please a cross in the relevant boxes below to enable the Angling Trust to monitor the Equality Policy. Monitoring is recommended by the codes of practice for the elimination of discrimination on the grounds of age, gender, race or disability. The Angling Trust will analyse the information for statistical purposes only.

### **Age**

Please indicate your age:

|                |                          |               |                          |
|----------------|--------------------------|---------------|--------------------------|
| 18 to 30 years | <input type="checkbox"/> | 51 to 60      | <input type="checkbox"/> |
| 31 to 40       | <input type="checkbox"/> | 61 to 70      | <input type="checkbox"/> |
| 41 to 50       | <input type="checkbox"/> | Over 70 years | <input type="checkbox"/> |

### **Gender**

Please indicate if you are:

**Male**       **Female**       **Other**       **Prefer not to say**

### **Ethnic background**

Please choose one category from A to E and then please mark X in the appropriate box to indicate your ethnic background

#### **A White**

English   
Irish   
Scottish   
Welsh   
Other

#### **B Mixed**

White & black Caribbean  
White & black African  
White & Asian  
Other

#### **C Asian or Asian British**

|                          |             |                          |
|--------------------------|-------------|--------------------------|
| <input type="checkbox"/> | Indian      | <input type="checkbox"/> |
| <input type="checkbox"/> | Pakistani   | <input type="checkbox"/> |
| <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| <input type="checkbox"/> | Other       | <input type="checkbox"/> |

#### **D Black or Black British Ethnic Group**

Caribbean   
African   
Other

#### **E Chinese or Other**

Chinese   
Other

### **Disability**

Please mark X if you consider yourself to have a disability

If you have ticked the box above please mark X in all the boxes that apply to you:

|                   |                          |
|-------------------|--------------------------|
| Hearing           | <input type="checkbox"/> |
| Mobility          | <input type="checkbox"/> |
| Learning          | <input type="checkbox"/> |
| Physical          | <input type="checkbox"/> |
| Visual            | <input type="checkbox"/> |
| Multiple          | <input type="checkbox"/> |
| Other             | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

