**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  | [ ]  |  | 51 to 60 | [ ]  |
| 31 to 40 | [ ]  |  | 61 to 70 | [ ]  |
| 41 to 50 | [ ]  |  | Over 70 years | [ ]  |

**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 B Mixed C Asian or Asian British**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English  | [ ]  |  White & black Caribbean | [ ]  | Indian | [ ]  |
| Irish | [ ]  |  White & black African | [ ]  | Pakistani | [ ]  |
| Scottish | [ ]  |  White & Asian | [ ]  | Bangladeshi | [ ]  |
| Welsh  | [ ]  |  Other | [ ]  | Other | [ ]  |
| Other | [ ]  |  |  |  |  |

**D Black or Black British E Chinese or Other Ethnic Group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Caribbean  | [ ]  |  | Chinese | [ ]  |
| African | [ ]  |  | Other | [ ]  |
| 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 | [ ]  |
| Mobility | [ ]  |
| Learning | [ ]  |
| Physical | [ ]  |
| Visual | [ ]  |
| Multiple | [ ]  |
| Other | [ ]  |
| Prefer not to say | [ ]  |
|  |  |