

**Seaside Commission  
Equalities Monitoring Form (CONFIDENTIAL)**

**Please return this form to: [vanessa@jhg.art](mailto:vanessa@jhg.art)**

1. What gender do you identify with?

Male

Female

Other

Prefer not to say

(If 'Other') How do you describe your gender identity?

Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

2. With which ethnic group do you most identify?

a) Black or Black British

- Caribbean
- African
- Any other Black background within (a)

b) White

- British
- Irish
- American
- Any other White background

c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background within (c)

d) Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- White & Hispanic
- Any other mixed background

e) Other ethnic groups

- Chinese
- Japanese
- Hispanic
- Any other ethnic group
- Do not state

3. Do you consider yourself to have a disability, impairment, health condition or learning difference which has a substantial impact on your ability to carry out day-to-day activities?

- Yes
- No
- Unsure
- Prefer not to say

4 What is your religion or belief?

- |   |                                      |
|---|--------------------------------------|
| <input type="radio"/> No religion or belief | <input type="radio"/> Islam          |
| <input type="radio"/> Atheism               | <input type="radio"/> Jainism        |
| <input type="radio"/> Bahaism               | <input type="radio"/> Judaism        |
| <input type="radio"/> Buddhism              | <input type="radio"/> Sikhism        |
| <input type="radio"/> Christianity          | <input type="radio"/> Other          |
| <input type="radio"/> Hinduism              | <input type="radio"/> Prefer not say |

5 What is your sexual orientation?

- Bisexual
- Gay man or gay woman/lesbian
- Heterosexual/straight
- Other
- Prefer not to say