

Explaining the Equal Opportunity Monitoring Form

Why do you want me to fill in this form?

KHT Services wants to ensure that all its customers are treated fairly and that no-one is discriminated against. So we ask all customers to fill in the form, then we can:

- monitor the services we provide to you
- highlight inequalities and investigate why they happen
- remove unfairness and disadvantage.

How do you use the information?

The information helps us to:

- see who is using our services and how satisfied they are with them
- consider ways of reaching under-represented groups and make sure our services meet their needs
- improve the relevance of our services – for example, if you tell us you want information in large print, we'll send you information in this format in future
- make sure we provide services fairly. For example, if the information you give shows that a group of people is not accessing one of our services – such as our waiting list – then we could find out why and remove any barriers
- ensure our Equality and Diversity Policy is working.

What sort of things does KHT Services monitor?

We monitor the following things:

- **Age**
We want to ensure we provide services fairly, regardless of age, so we monitor the age of our customers.
- **Disability**
We want to ensure our services are accessible regardless of disability, and tailor services to meet the needs of disabled people. So the information you give will enable us to provide letters etc. in appropriate formats. It will also mean that our staff are aware of any needs you may have, for example when they visit you.
- **Ethnicity**
This information helps us to provide services that meet your specific needs, to ensure that our services are accessible to all, and to treat all our customers fairly.
- **Gender (sex)**
We want to ensure that our services are accessible regardless of gender. Knowing your gender will help us to check we are doing this.
- **Religion/belief**
We want to provide services fairly and with respect for everyone's religion or belief or lack of religion or belief. Knowing your religion or belief helps us to check we are doing this.
- **Sexual orientation**
We want to provide services fairly and with respect for everyone's sexual orientation. Knowing your sexual orientation will help us to check we are doing this.

By monitoring, setting targets and taking action, we aim to improve services for everyone.

Do I have to complete the form?

No, but if you don't, we will not be able to tailor services to meet your needs.

If you want to complete only part of the form, the information you give will still be useful.

Is the information I give you kept confidential?

We keep in strict confidence the information you give us.

I'm having trouble completing the form. Can someone help me?

Yes. Call into any KHT Group office and a member of staff will be happy to help.

Equal Opportunity Monitoring Form



The information you give on this form will help us comply with our policy of ensuring equality in our services to you. Please tick the boxes on the form that apply to you.

You do not have to complete this form, but it will help us improve our services if you do.

Your Gender (Sex)

Which sex are you? Male Female Transgender

Date of Birth (dd/mm/yyyy)

/ /

Ethnicity

What is your ethnic group? Choose one section from A to F then tick the box that shows your cultural background.

A White British Irish Any other background
please specify:

B Mixed White and Black Caribbean White and Black African
White and Asian Any other mixed background
please specify:

C Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background
please specify:

D Black or Black British Caribbean African Any other black background
please specify:

E Chinese or other ethnic group Chinese Any other background
please specify:

F Romany, Gypsy or Traveller Gypsy Traveller Romany Other
please specify:

Religion/belief

What is your religion or belief?

No religion Christian Buddhist Muslim Hindu Jewish Sikh

Prefer not to say Other religion – please specify:

Disability

Are you disabled? If yes, please tick one or more of the boxes below to tell us what your disability is.

You are disabled if you have:

- a mental or physical impairment, and
- this affects your ability to carry out normal day-to-day activities, and
- the effects are long term (meaning they have lasted or are likely to last at least 12 months).

Wheelchair user Physical disability Restricted mobility Housebound

Hearing impairment Sight impairment Learning disability Mental disability

Other – please specify:

Sexual orientation

Sexual orientation

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

Alternative formats

Would you prefer to receive information from us in another format? If yes, please state what you would prefer:

Braille Audiotape Compact disc Large print Other

Please specify:

For office use only

Date received / /

Application number

