

**EQUAL OPPORTUNITIES
PRIVATE AND CONFIDENTIAL**

New Life Counselling is committed to providing equal access for all clients who wish to engage in our services. To ensure that we are providing a fair and equal service we need to monitor the community and ethnic background of clients referred to our services. Therefore we request that you complete the following questions. These are treated confidentially and will only be used for statistical purposes.

Religion

Which of the following religions, religious denominations or bodies do you currently belong to? If you do not belong to any of these, please mark 'None'.

Protestant Catholic Buddhist Hindu Jewish Muslim Sikh

I prefer not to answer this question Other (Please Specify) _____

Gender

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

Yes No

Ethnicity

Please tick the box below which best represents your ethnic minority

White Irish Traveller Roma Traveller
 Mixed Ethnic Group Indian Pakistani
 Bangladeshi Chinese Black Caribbean
 Black African Black Other I prefer not to answer this question

Community background

Select your community background

I am a member of the Protestant Community I am a member of neither the Protestant
 nor the Catholic Community
 I am a member of the Catholic Community

Political Opinion

Select your political opinion

Broadly Nationalist Broadly Unionist Other I prefer not to answer this question

Marital status

Please tick the box below which indicates your status

Separated Married/Civil Partnership Divorced/Dissolved Civil Partnership
 Cohabiting Widowed Other
 I prefer not to answer this question Other (Please Specify)
 Single

Sexual Orientation

Gay man Lesbian Bisexual
I prefer not to say Other (Please Specify) Heterosexual

Country

Select your birth country

Northern Ireland Republic of Ireland England Scotland
Wales Other

Impairment

If you have an impairment please select

Physical – Such as difficulty using arms or mobility requiring a wheelchair or crutches
Mental Health – Such as depression or schizophrenia
Learning difficulty – Such as Down’s Syndrome, Dyslexia OR Cognitive Impairment such as Autism
Sensory impairment – Such as blind/visual impairment or deaf/hearing impairment
Long standing illness – Such as cancer, HIV, diabetes, chronic heart disease or epilepsy
I prefer not to answer this question
Other Impairment (specify other impairments that are not in the list above)

Caring Responsibilities

Do you have any caring responsibilities

Child/children under 18 An older person A person with a disability
None of the above I prefer not to answer this question

Other Caring Responsibilities *(specify other caring responsibilities that are not in the list above if applicable)*

Please note it is not compulsory for you to answer the above questions.

Thank you for your co-operation