

# OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR SUFFOLK

## MONITORING FORM

The Police and Crime Commissioner for Suffolk is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age or any other irrelevant factor. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes.

This information is for statistical monitoring purposes only. IT WILL NOT FORM PART OF THE SELECTION PROCESS.

Ref No	
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**A. GENDER (tick one box)**

Male  Female

**B. ETHNIC GROUP - National Census Categories for England and Wales (tick one box)**

How would you describe your ethnic origin?

<u>WHITE</u>		<u>MIXED</u>		<u>ASIAN OR ASIAN BRITISH</u>	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Any other mixed background Please specify:	<input type="checkbox"/>	Any other Asian background Please specify:	<input type="checkbox"/>

<u>BLACK AND BLACK BRITISH</u>		<u>CHINESE OR OTHER ETHNIC GROUP</u>			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
African	<input type="checkbox"/>	Any other Ethnic group Please specify:	<input type="checkbox"/>		
Any other black background Please specify:	<input type="checkbox"/>				

**C. DISABILITY**

<b>Do you consider yourself to have a disability?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

**If yes, please describe your disability so that the Police Authority can make appropriate provision**

## D SEXUAL ORIENTATION

How would you describe your sexual orientation?

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Lesbian/Gay	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				

## E. RELIGION AND BELIEF (National Census Categories for England and Wales)

How would you describe your religious belief?

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Other:	<input type="checkbox"/>

## F. LANGUAGE REQUIREMENTS

Do you have any language requirements you would like to tell us about?

Yes  No

If yes, please tell us what these are:

**THANK YOU FOR COMPLETING AND RETURNING THESE FORMS**