BARNET
LONDON BOROUGH

Personal Information Questionnaire

Barnet Council is required by law, Equality Act 2010, to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups. Collecting information on the 9 protected characteristics of age, disability, ethnic origins and race, gender, marriage and civil partnership, pregnancy and maternity, sexual orientation, religion and belief, will help us to understand the different needs of our staff and the impact of our workplaces practices. We are asking you some personal questions, which we would encourage you to complete. Please be assured that all the answers you provide will be treated in the strictest confidence and will be stored securely. All information will be stored in accordance with our responsibilities under the Data Protection Act 1998

Please answer the questions below by putting an **✗** in the appropriate box. Please note that only one answer should be provided per question for tick box questions. We will keep your answers completely confidential.

Please complete in BLACK INK using CAPITAL LETTERS

About You

1. **Date of Birth** | D | D | M | M | Y | Y | Y | Y |

2. ☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Doctor
   ☐ Other, please specify

3. **First Name**

4. **Surname**

5. **Other Names**

6. **Known As First Name**

7. **House Name/Number**

8. **Street/Road**

9. **Address**

10. **City/Town**

11. **County**

12. **Postcode**

13. **Telephone Number (Home)**

14. **Telephone Number (Work)**

15. **Telephone Number (Mobile)**

16. **Email Address (Home)**

17. **Email Address (Work)**

18. **How would you like us to contact you?**

☐ Letter ☐ Email ☐ Phone

Next of Kin Details

19. **First Name**

20. **Surname**

21. **What is their relationship to you?**

☐ Spouse/Partner ☐ Family

☐ Other, please specify

Please confirm the contact details for your next of kin.

22. **House Name/Number**

23. **Street/Road**

24. **City/Town**

25. **County**

26. **Postcode**

27. **Telephone Number (Home)**

28. **Telephone Number (Work)**

29. **Telephone Number (Mobile)**

30. We need to be sure that our workplace practices support people with caring responsibilities.

The Equality Act 2010 defines disability as 'a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long- term means more than 12 months and would cover long-term illness such as cancer and HIV or mental health conditions.

Are you the main carer for a child or young person with a disability?

☐ Yes ☐ No ☐ Prefer not to say

31. **Are you the main carer for an adult?**

☐ Yes ☐ No ☐ Prefer not to say

32. **Do you have children under the age of 18 years?**

☐ Yes ☐ No ☐ Prefer not to say

33. **If Yes, please state the number of children for each age grouping?**

33a. **Aged 0-5 years**

33b. **Aged 6-11 years**

33c. **Aged 12-18 years**

34. **Are you a foster carer?**

☐ Yes ☐ No ☐ Prefer not to say

Work Data

35. **Main/Designated work location**

    ☐ Barnet House   ☐ Depot   ☐ NLBP

    ☐ School, please specify

    ☐ Other please specify

Diversity Data

36. **Your Gender**

    ☐ Male   ☐ Female   ☐ Prefer not to say

37. **Are you the same gender that you were assigned with at birth?**

    ☐ Yes   ☐ No   ☐ Prefer not to say

38. **Your Civil/Marital Status**

    ☐ Civil Partner   ☐ Cohabiting   ☐ Divorced   ☐ Married

    ☐ Separated   ☐ Single   ☐ Widow   ☐ Widower

    ☐ Prefer not to say

    ☐ Other, please specify

39. **Your Nationality**

    ☐ Prefer not to say

40. **Your Citizenship**

    ☐ British National   ☐ European Union National

    ☐ Other, please specify

41. **Your Ethnicity**

White

☐ British

☐ Gyspy or Irish Traveller

☐ Irish

☐ Any other white background, please state below

Black/African/Caribbean/Black British

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please state below

Asian/Asian British

☐ Bangladeshi

☐ Chinese

☐ Indian

☐ Pakistani

☐ Any other Asian background, please state below

Mixed/Multiple ethnic groups

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Any other Mixed/Multiple ethnic background, please state below

42. **Your Religion/Belief**

☐ Agnostic   ☐ Atheist   ☐ Baha'i

☐ Buddhist   ☐ Christian   ☐ Hindu

☐ Humanist   ☐ Jain   ☐ Jewish

☐ Muslim   ☐ No Religion   ☐ Sikh

☐ Prefer not to say

☐ Other, please specify

43. **Your Sexual Orientation**

☐ Bisexual   ☐ Gay   ☐ Lesbian

☐ Heterosexual   ☐ Prefer not to say

44. The Equality Act 2010 defines disability as 'a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

In this definition, long- term means more than 12 months and would cover long-term illness such as cancer and HIV or mental health conditions.

Do you consider yourself to have a disability? Please tick (✓) only one option

☐ Yes   ☐ No   ☐ Prefer not to say

45. If you have answered 'yes', please select the definition(s) from the list below that best describes your disability/ disabilities

☐ Hearing (such as deaf, partially deaf or hard of hearing)

☐ Reduced Physical Capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)

☐ Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)

☐ Severe Disfigurement

☐ Learning Difficulties (such as dyslexia)

☐ Speech (such as impairments that can cause communication problems)

☐ Mental Illness (substantial and lasting more than a year, such as severe depression or psychoses)

☐ Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)

☐ Physical Co-ordination (such as manual dexterity, muscular control, cerebral palsy)

☐ Other disability, please specify