

SURREY LIBRARIES AND COMMUNITY PARTNERSHIP

Equalities and Diversity Monitoring Form

Please could you tell us about your **child/children** so we can help everyone. The following information will help us to make sure we provide services equally and fairly. We will collate this information from all returns to produce a statistical summary, which will not identify individuals.

Please return your completed form in the prepaid envelope provided as soon as possible or at the latest so we can receive it by Wednesday 6 June 2012.

Thank you for your assistance.

1. Please tick ✓ ONE box only under each heading and give your postcode			
1a <u>What age are you?</u>	1b <u>Which best describes you?</u>	1c <u>Are you:</u>	
A. 4 or under <input type="checkbox"/>	A. At a creche <input type="checkbox"/>	F. A girl <input type="checkbox"/>	
B. 5 - 7 <input type="checkbox"/>	B. With a childminder <input type="checkbox"/>	M. A boy <input type="checkbox"/>	
C. 8 - 10 <input type="checkbox"/>	C. At nursery/nursery school <input type="checkbox"/>	P. Prefer not to say <input type="checkbox"/>	
D. 11 - 13 <input type="checkbox"/>	D. In school <input type="checkbox"/>		
E. 14 - 16 <input type="checkbox"/>	E. Being home-educated <input type="checkbox"/>		
F. Prefer not to say <input type="checkbox"/>	F. Other. Please specify		
		1d <u>Postcode</u>	
		Please specify	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

2. What is your ethnic group?

Please tick ✓ the appropriate box

White

- A. English/Welsh/Scottish/Northern Irish/British
- B. Irish
- C. Traveller inc. Gypsy, Roma or Irish Traveller
- D. Other

Black/Black British

- E. African
- F. Caribbean

Asian/Asian British

- G. Bangladeshi
- H. Indian
- I. Pakistani

Mixed

- J. White-Asian
- K. White-Black African
- L. White-Black Caribbean

Other backgrounds

- M. Chinese
- N. Arab

Any other background.

- O. Other. Please specify
.....
.....
.....

- P. Prefer not to say

3a Do you have a disability/longstanding condition that affects the way you live your life?

- N. No N.
- Y. Yes Y.

3b If "Yes" to the previous question, what type of disability/longstanding condition?

Please tick ✓ ALL appropriate boxes

- A. Visual
- B. Hearing
- C. Physical
- D. Learning
- E. Other. Please specify
.....

4. Which of the following faith and belief groups do you identify with?

This includes a religious belief or a philosophical belief, which affects your view of the world. It also includes people who have no religion or belief.

- A. Buddhist
- B. Christian
- C. Muslim
- D. Jewish
- E. Sikh
- F. Hindu
- G. None
- H. Other faith/belief. Please specify.....
.....
- I. Prefer not to say

For the avoidance of doubt, the information provided on this form will not be added to personal library member's data kept by Surrey County Council.

Thank you for your assistance, and please return completed survey form in the prepaid envelope provided, at the latest by Wednesday 6 June 2012.

If you would like this information in large print on tape in Braille, or in another language, please contact us on:

Tel 03456 009 009

Minicom 020 8541 9698

Fax 020 8541 9575

Email: contact.centre@surreycc.gov.uk

Nëse dëshironi që ky dokument të jetë me shkronja të mëdha, në kasetë ose në një gjuhë tjetër, ju lutemi n'a telefononi në një nga numrat e mësipërm.

إذا كنت ترغب بالحصول على هذه الوثيقة في طباعة مكبيرة، أو على شريط مسجل أو في لغة أخرى، فنرجو الاتصال بنا على أحد الأرقام المدونة أعلاه.

আপনি যদি এই ডকুমেন্ট বা নথি বড় ছাপার অক্ষরে, টেপে বা অন্য কোন ভাষায় পেতে চান, তাহলে দয়া করে উপরের যে কোন একটি নম্বরে আমাদের সাথে যোগাযোগ করুন।

Si desea este documento impreso en letra grande, en casete o en otro idioma, rogamos que se ponga en contacto con nosotros llamando a uno de los números anteriores.

如您索取本文的大字體版本、錄音帶版本或另一語言版本，請撥以上任一個電話號碼，與我們聯絡。

اگر آپ کو یہ دستاویز بڑے حروف کی چھپائی میں، ٹیپ پر یا کسی دوسری زبان میں درکار ہو، تو برائے مہربانی اوپر دیئے ہوئے کسی ایک نمبر پر ہم سے رابطہ کریں۔
