**Salix Homes: Equality Monitoring Form**

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| **Name:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |
| Please complete the form by clicking on the drop down box provided.  |
| **Marital Status:** | Choose an item**If other please specify:** Click or tap here to enter text. | **Religion:** | Choose an item**If other please specify:** Click or tap here to enter text. |
| **Ethnic Origin:**  | Choose an item**If other please specify:** Click or tap here to enter text. | **Place of Birth:**  | Click or tap here to enter text. |
| **Nationality:**  | Choose an item**If other please specify:** Click or tap here to enter text. | **Sex Identity:**  | Choose an item**If other please specify:** Click or tap here to enter text. |
| **Gender Reassignment:**  | Choose an item | **Sexual Orientation:**  | Choose an item**If other please specify:** Click or tap here to enter text. |
| **Disability:**  | Choose an item**If other please specify:** Click or tap here to enter text. | **Carer Responsibilities:**  | Choose an item |