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The purpose of this form is to collect anonymous information about the people who visit our facility to take part in a research study. The National Institute for Health Research Manchester Clinical Research Facility (NIHR CRF) is committed to ensuring that studies are accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age. The information you give on this form will help us comply with our policy of ensuring equality in our work. All information from this form will be treated confidentially and in line with the Data Protection Act. The information you provide will be kept and managed separately from any other information that you provide to us. We'd be really grateful if you can answer as many of the questions as you can.

**Please put a cross in relevant box, or write your answer in, if required**

White British		Mixed White and Black Caribbean		Asian or Asian British Indian		Black or Black British Caribbean	
White Irish		Mixed White and Black African		Asian or Asian British Pakistani		Black or Black British African	
Gypsy or Irish Traveler		Mixed White & Asian		Asian or Asian British Bangladeshi		Other Black or Black British Background	
Other White background		Other Mixed Background		Other Asian or Asian British Background		Chinese	
Arab		Prefer not to say		Any other Ethnic Group (please write here) _____			

<b>What is your year of birth?</b> (YYYY) (write your year of birth in the box)	_ _ _ _
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<b>What is the first part of your postcode?</b> e.g. BL6, OL3, SK11?	_ _ _ _
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<b>What is your gender?</b>	
Male	
Female	
Other (please specify)	
Prefer not to say	

<b>Which of the following options best describe how you think about yourself?</b>	
Heterosexual or straight	
Gay or Lesbian	
Other sexual orientation not listed	
Undecided	
Not stated	

**Which of the following options best describes your religion or belief?**

Atheism		Jainism	
Buddhism		Judaism	
Christianity		Sikhism	
Hinduism		Other	
Islam		I do not wish to disclose my religion or belief	

Under the Equality Act 2010, the definition of disability is “if you have a physical or mental impairment that has a substantial & long term adverse effect on your ability to carry out normal day to day activity”

**According to this definition, do you consider yourself to have a disability?**

Yes	
No	
I do not wish to disclose whether or not I have a disability	

**Are you currently? (Please select one or write your answer in “other” )**

Retired	
A student	
Looking after home or family	
Working	
Unable to work	
Unemployed	
Other (please write)	

**If you are working, please write your job title here**

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**What is the highest education level you have attained?**

No formal education	
Primary education (educated to age 11 or before)	
Secondary education (educated to age 18 or before)	
Higher education (e.g Diploma, HNC)	
University education (e.g Degree, post-graduate qualification)	

Thank you for completing this form