

# About You

This form is used to ensure our projects reach all areas of the communities we work with. To feed back on this form contact [admin@cartwheelarts.org.uk](mailto:admin@cartwheelarts.org.uk)



Age	
10-14 years	
15-20 years	
21-25 years	
26-35 years	
36-45 years	
46-55 years	
56-65 years	
66-75 years	
76-85 years	
+85 years	

Which one of the following best describes your gender?	
Female	
Male	
In another way	
Prefer not to say	
If you describe your gender with another term, please provide this here :	

Which of the following best describes your sexual orientation?	
Heterosexual/straight	
Bi/bisexual	
Gay/lesbian	
Asexual	
Prefer not to say	
If you prefer to use another term, please provide this here	

Do you consider yourself to be a trans person?	
Yes	
No	
Prefer not to say	
<i>Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.</i>	

What is your religion?	
Buddhist	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Hindu	
Jewish	
Muslim	
Sikh	
No religion	
Prefer not to say	
Any other religion, please write in	

How would you describe your ethnicity or ethnic background?		
	Prefer not to say	
<b>Arab</b>	Arab or Arab British	
	In another way (specify, if you wish):	
<b>Asian</b>	Bangladeshi or Bangladeshi British	
	Chinese or Chinese British	
	Indian or Indian British	
	Pakistani or Pakistani British	
	Kashmiri	
In another way (specify, if you wish):		
<b>Black</b>	African or African British	
	Caribbean or Caribbean British	
	In another way (specify, if you wish):	
<b>Mixed or multiple ethnic groups</b>	White or White British and Asian or Asian British	
	White or White British and Black African or Black African British	
	White or White British and Black Caribbean or Black Caribbean British	
	Any other mixed or multiple ethnic background (specify, if you wish).	
<b>White</b>	British, English, Scottish, Welsh or Northern Irish	
	Gypsy, Irish Traveller, Traveller or Roma	
	Irish	
	Polish	
	In another way (specify, if you wish).	

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12	
Yes, limited a lot	
Yes, limited a little	
No	
Prefer not to say	