

Run 4 Wales is collecting information about the people in the sport so that we can make sure that as many people as possible can take part in it. To help us with this we want to ask you some questions about your age, whether you are male or female, your ethnic background, your religion or belief, sexual orientation, gender identity and whether you have any impairments or a disability.

The survey is confidential, there is nowhere we ask for your name; all the responses will be put together into one report which will help us to consider if we need to provide more opportunities for different groups of people.

We will store your information securely and in line with the requirements of the *Data Protection Act 1998*.

Thank you for taking the time to complete the survey; if you have any questions about the survey please contact the Office Manager via enquiries@run4wales.org

I have read and understood how the sport will use my personal information.

The following questions are about your profile.

The information provides us with a profile of applicants so we can assess the representation of different groups and whether more needs to be done to achieve equality of opportunity. This information will be handled separately from your form upon receipt application.

Age Please tick the appropriate box to indicate your age band:

1. 18-24 years 2. 25-34 years 3. 35-44 years 4. 45-54 years
5. 55-64 years 6. 65-74 years 7. 75+ years

Ethnic origin Please tick below to indicate your cultural background:

- | | |
|---|---|
| <input type="checkbox"/> White-Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> Asian/Asian British - Pakistani |
| <input type="checkbox"/> White-Irish | <input type="checkbox"/> Asian/Asian British- Bangladeshi |
| <input type="checkbox"/> White-Gypsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British- Chinese |
| <input type="checkbox"/> White- Any other white background (please specify) | <input type="checkbox"/> Asian/Asian British-Any other (please specify) |
| <input type="checkbox"/> Mixed/Multiple Ethnic groups-White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British- Caribbean |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups-White and Black African | <input type="checkbox"/> Black/ African/Caribbean/Black British- Any other (please specify) |
| <input type="checkbox"/> Mixed/Multiple ethnic groups- White & Asian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed/Multiple ethnic groups- Any other (please specify) | <input type="checkbox"/> Any other ethnic group (please specify) |
| <input type="checkbox"/> Asian/Asian British -Indian | <input type="checkbox"/> Prefer not to say |

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

Do you consider your day-to-day activities limited because of a health condition or disability / impairment which has lasted, or is expected to last, at least 12 months? Include problems related to old age

Yes, limited a lot Yes, limited a little No

If yes

How would you describe your impairment?

Please tick all the boxes that apply to you.

- Deaf or hard of hearing
- Blind or partially sighted
- Physical impairment (I do not use a wheelchair)
- Physical impairment (I am a permanent wheelchair user)
- Physical impairment (I use a wheelchair to participate in sport)
- Amputee
- Learning difficulty (e.g. movement co-ordination difficulty – dyspraxia, dyslexia etc.)
- Learning disability (e.g. Downs Syndrome etc.)
- Mental health condition (e.g. depression, stress etc.)
- Long term illness (e.g. cancer, multiple sclerosis etc.)
- I would prefer not to answer this question
- Other condition, please write in.....

Please provide details of your disability and specify any adjustments we could make to accommodate your needs:

Gender *Please tick the appropriate box to indicate your gender:*

- 1. Male
- 2. Female
- 3. Transgender
- 4. Prefer not to say

Gender reassignment

Do you consider your gender to be the same as at your birth?

Yes No I prefer not to respond to this question

Sexuality

It is believed that it is helpful to gather this information for the purpose of statistical analysis. (Although analysis will be more effective if everyone provides a response, it is appreciated that this is a sensitive and personal question and therefore please be aware that your response is voluntary.)

Please tick the appropriate box to indicate your sexuality:

- | | |
|---|---|
| 1. <input type="checkbox"/> Heterosexual/Straight | 4. <input type="checkbox"/> Bisexual |
| 2. <input type="checkbox"/> Gay Woman/Lesbian | 5. <input type="checkbox"/> Prefer not to say |
| 3. <input type="checkbox"/> Gay Man | |

Marriage

- | | |
|--|---|
| 1. <input type="checkbox"/> Married | 3. <input type="checkbox"/> No |
| 2. <input type="checkbox"/> In a civil partnership | 4. <input type="checkbox"/> Prefer not to say |

Pregnancy and Maternity

Maternity is defined in the Equality Act as the 26 weeks after giving birth. This section limits required responses to females only.

- | | |
|---|---|
| 1. <input type="checkbox"/> Pregnant | 3. <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Within 26 weeks of having given birth | 4. <input type="checkbox"/> Prefer not to say |

Religion or belief

It is believed that it is helpful to gather this information for the purpose of statistical analysis. (Although analysis will be more effective if everyone provides a response, it is appreciated that this is a sensitive and personal question and therefore please be aware that your response is voluntary.)

Please tick the appropriate box to indicate your religion/belief:

- | | |
|---|--|
| 1. <input type="checkbox"/> None | 6. <input type="checkbox"/> Muslim |
| 2. <input type="checkbox"/> Christian (denominations) | 7. <input type="checkbox"/> Sikh |
| 3. <input type="checkbox"/> Buddhist | 8. <input type="checkbox"/> Other (please specify) _____ |
| 4. <input type="checkbox"/> Hindu | |
| 5. <input type="checkbox"/> Jewish | 9. <input type="checkbox"/> Prefer not to say |

What is your main language?

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Welsh | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other, please write in (including British Sign Language) | | |

.....
Can you understand, speak, read or write Welsh? Please tick all that apply

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Understand spoken Welsh | <input type="checkbox"/> Read Welsh | <input type="checkbox"/> Write Welsh |
| <input type="checkbox"/> Speak Welsh | | |

RUN 4 WALES
EQUALITY PROFILE FORM



None of the above Prefer not to say