

## Diversity Survey – Peer Support Plus<sup>®</sup>



### **Purpose**

To help Peer Support Plus ensure that no adult who might qualify to benefit from engaging with Peer Support Plus in any capacity, feels excluded.

### **Privacy**

We will not disclose to any third party the personally attributable information you provide on our *Diversity Survey*<sup>1</sup>.

The information you provide will only be aggregated anonymously and used to help us understand and extend our reach into Leeds' hugely diverse community.

### **Required information**

We require <sup>R</sup> every Peer, Volunteer and Employee to complete the *Diversity Survey*<sup>1</sup> and identify their Role(s).

Members of the charity, Supporters and Customers are also encouraged to complete the survey but may choose not to.

With the exception of your Name, the Date, the Postcode of your residence, and your Role at Peer Support Plus, if you do not know the correct answer or do not wish to disclose it, you may tick ✓ "I prefer not to say".

You must provide your **Name** so that we do not unintentionally duplicate the source information we aggregate anonymously.

You must **Date** the survey so that if your circumstances change and you want to update the information you disclosed in our *Diversity Survey*<sup>1</sup>, then you can.

You must provide the **Postcode** of your residence so that we can differentiate those people who qualify to engage with Peer Support Plus as Peer beneficiaries of the charity from those who we may invite to complete the Diversity Survey when they engage with the us in other **Roles**, for examples: Trustee; Member; Volunteer; Employee; Supporter; Customer.

**Notes** <sup>1</sup> available on our website [peersupportplus.org](http://peersupportplus.org)

<sup>R</sup> required information

### **Survey**

The survey form begins on the next page....

## Diversity Survey – Peer Support Plus<sup>®</sup>

<b>Name<sup>R</sup></b>	
<b>Date today<sup>R</sup></b>	<b>Postcode of your residence<sup>R</sup></b>
<b>Role(s) at Peer Support Plus<sup>R</sup></b>	<b>Year of birth</b>
	<input type="checkbox"/> I prefer not to say [Tick or Bold]
<b>✓ What is your relationship status?</b>	
<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Widowed
<input type="checkbox"/> Co-habiting	<input type="checkbox"/> Other [Please self-describe]
<input type="checkbox"/> Divorced	
<input type="checkbox"/> Married	
<input type="checkbox"/> Single	<input type="checkbox"/> I prefer not to say
<b>✓ Do you have children?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> I prefer not to say
<input type="checkbox"/> Yes, some dependent	
<input type="checkbox"/> Yes, none dependent	
<b>✓ What is your gender?</b>	
<input type="checkbox"/> Female	<input type="checkbox"/> Other [Please self-describe]
<input type="checkbox"/> Male	
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> I prefer not to say
<b>✓ Is your gender the same as that assigned to you at birth?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> I prefer not to say
<b>✓ What is your sexual orientation?</b>	

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Other [Please self-describe] |
| <input type="checkbox"/> Gay Man      |   |
| <input type="checkbox"/> Gay Woman    |   |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> I prefer not to say          |

**✓ Other than mental health difficulties, do you consider yourself to have a long-standing health problem or to be disabled?**

Please note:

- By long-standing we mean that it has lasted or will last for at least 12 months
- You may tick more than one box

- |  |
|--|
| <input type="checkbox"/> No  |
| <input type="checkbox"/> Health problems or physical disability (including sensory impairment)       |
| <input type="checkbox"/> Learning difficulties (including developmental disorders)                   |
| <input type="checkbox"/> Other health problem and / or experience of disability Please self-describe |
| <br>   |
| <input type="checkbox"/> I prefer not to say   |

**✓ Do you have an autistic spectrum condition?**

- |                             |  |   |  |
|-----------------------------|--|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Diagnosed Condition | <input type="checkbox"/> Possible condition<br>not formally diagnosed | <input type="checkbox"/> I prefer not to say |
|-----------------------------|--|---|--|

**✓ Religion?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> No        | <input type="checkbox"/> Muslim                       |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh                         |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other [Please self-describe] |
| <input type="checkbox"/> Hindu     |   |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> I prefer not to say          |

**✓ What is your ethnicity?**

- |  |   |
|--|---|
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White & Asian            |
| <input type="checkbox"/> Asian/Asian British – Chinese     | <input type="checkbox"/> Mixed – Other                    |
| <input type="checkbox"/> Asian/Asian British – Indian      | <input type="checkbox"/> Other Ethnic Groups – Arab       |
| <input type="checkbox"/> Asian/Asian British – Kashmiri    | <input type="checkbox"/> Other Ethnic Groups – Roma       |
| <input type="checkbox"/> Asian/Asian British – Pakistani   | <input type="checkbox"/> Other Ethnic Groups – Other      |
| <input type="checkbox"/> Asian/Asian British – Other       | <input type="checkbox"/> White – British                  |
| <input type="checkbox"/> Black/Black British – African     | <input type="checkbox"/> White – East European            |
| <input type="checkbox"/> Black/Black British – Caribbean   | <input type="checkbox"/> White – Gypsy or Irish Traveller |
| <input type="checkbox"/> Black/Black British – Other       | <input type="checkbox"/> White – Irish                    |
| <input type="checkbox"/> Mixed – White & Black African     | <input type="checkbox"/> White – Other                    |
| <input type="checkbox"/> Mixed – White & Black Caribbean   | <input type="checkbox"/> I prefer not to say              |

**✓ What is your residency status?**

- |  |   |
|--|---|
| <input type="checkbox"/> Asylum seeker   | <input type="checkbox"/> International student        |
| <input type="checkbox"/> British Citizen | <input type="checkbox"/> Refugee                      |
| <input type="checkbox"/> Destitute       | <input type="checkbox"/> Other [Please self-describe] |
| <input type="checkbox"/> Destitute       |   |
| <input type="checkbox"/> EU National     | <input type="checkbox"/> I prefer not to say          |

**✓ What is your current employment status?**

- |   |  |
|---|--|
| <input type="checkbox"/> Employed – Full time [35 or more hours per week]   |  |
| <input type="checkbox"/> Employed – Part time [Less than 35 hours per week] |  |
| <input type="checkbox"/> Employed – Long term sick                          |  |
| <input type="checkbox"/> Homemaker  | <input type="checkbox"/> Unable to work                              |
| <input type="checkbox"/> Retired  | <input type="checkbox"/> Unemployed – currently looking for work     |
| <input type="checkbox"/> Self-Employed                                      | <input type="checkbox"/> Unemployed – not currently looking for work |
| <input type="checkbox"/> Student  | <input type="checkbox"/> I prefer not to say                         |

End