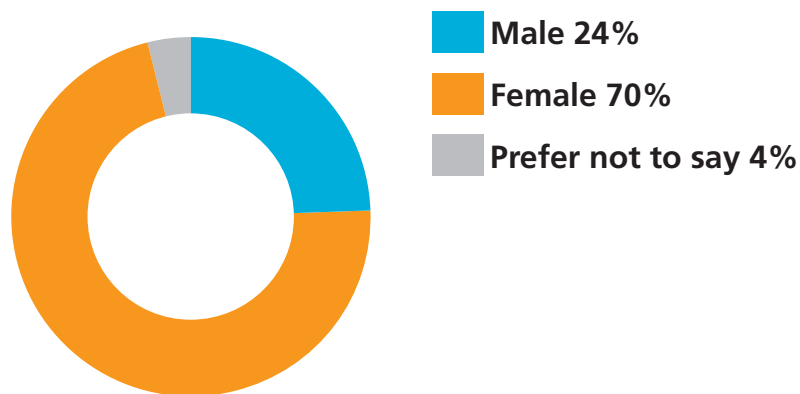


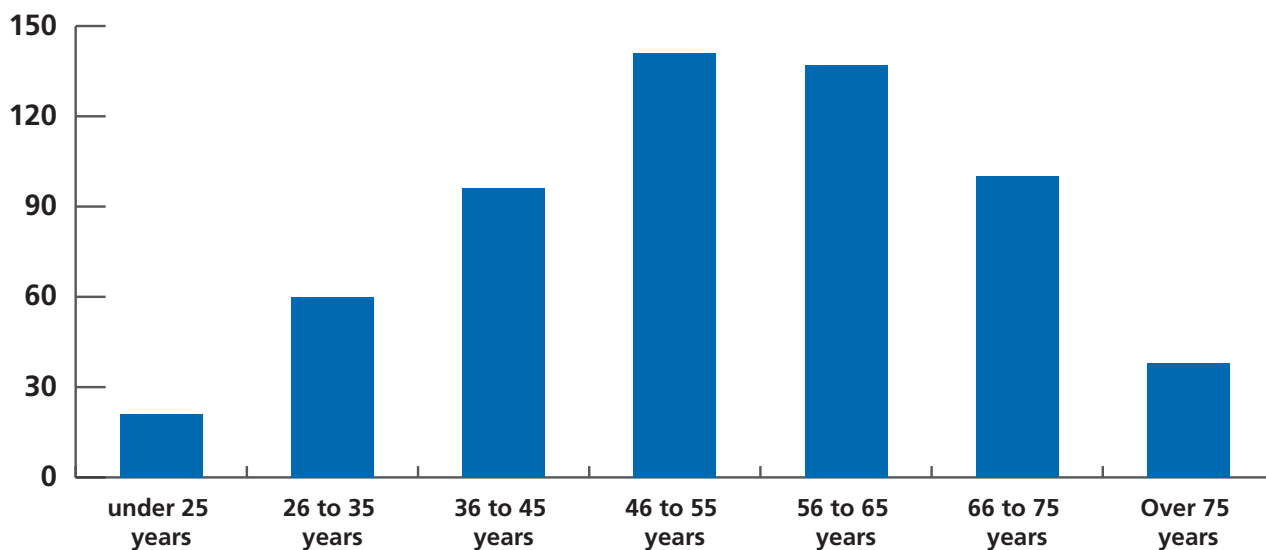
Appendix 2

EQUALITY SURVEY QUESTIONS

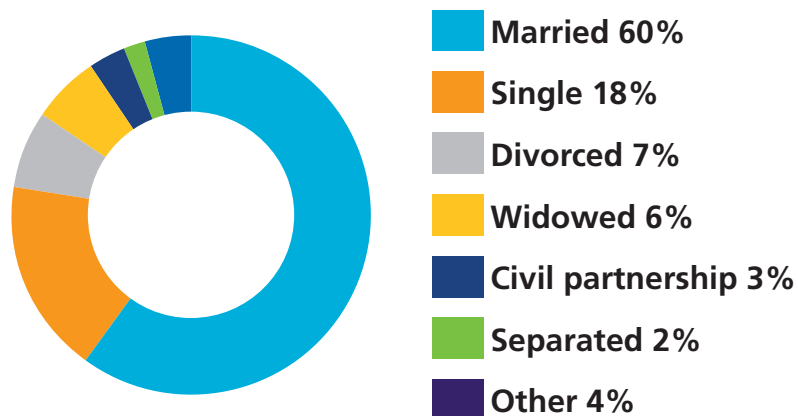
Please state your gender.



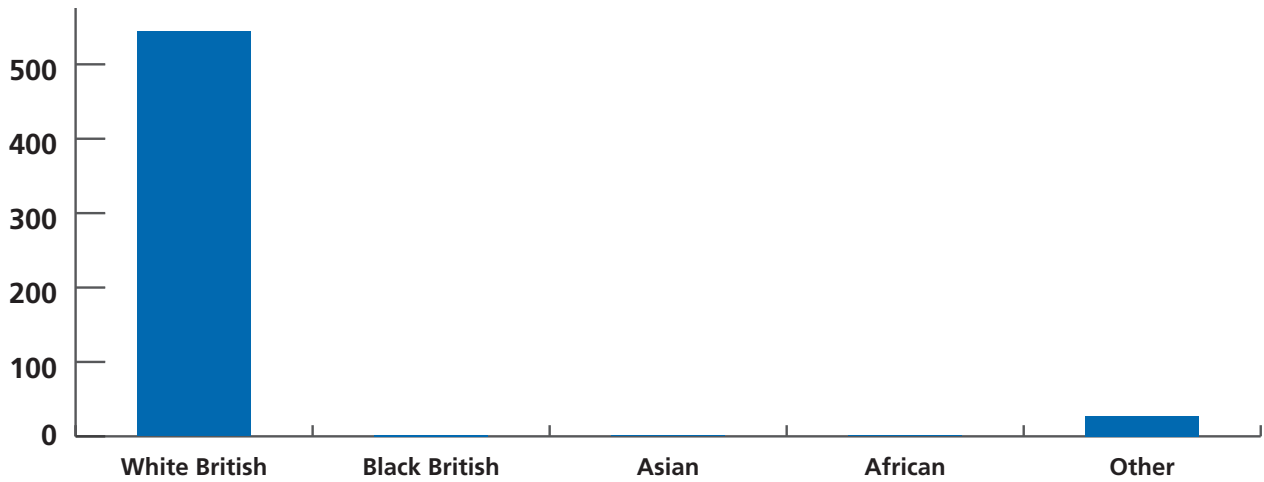
Please state your age.



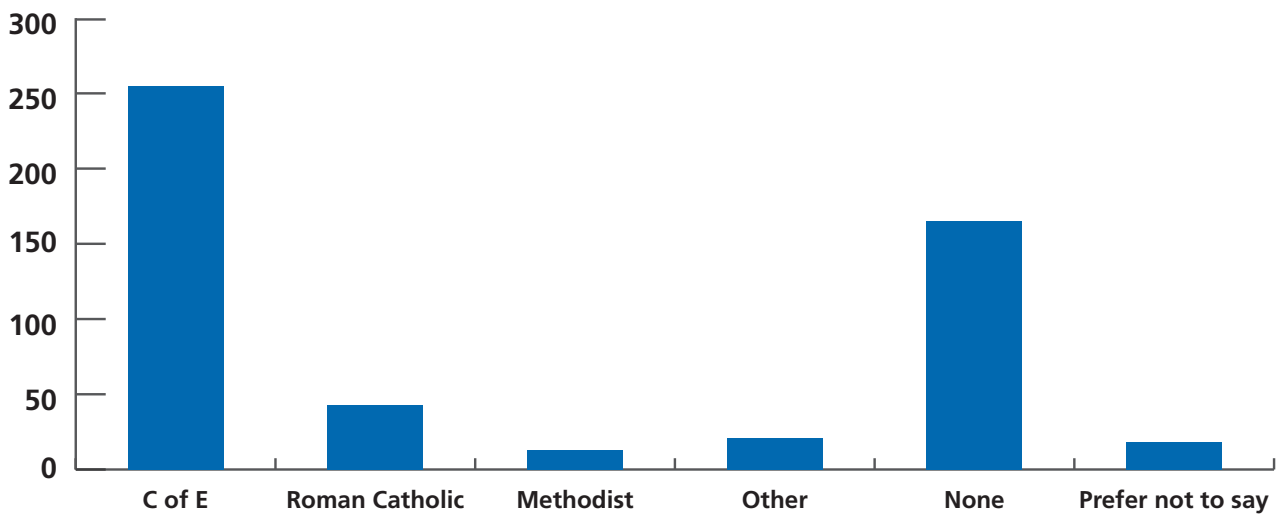
What is your marital status?



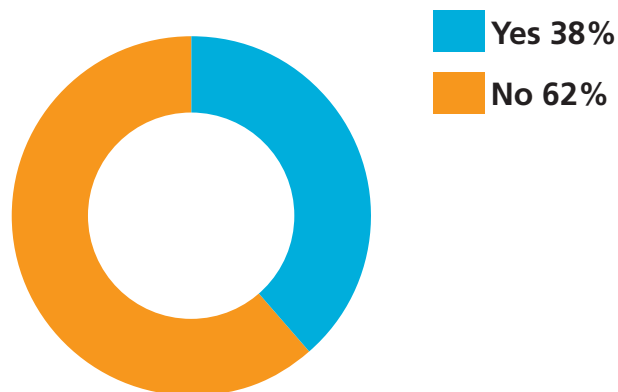
Please state which ethnic group you consider yourself to be.



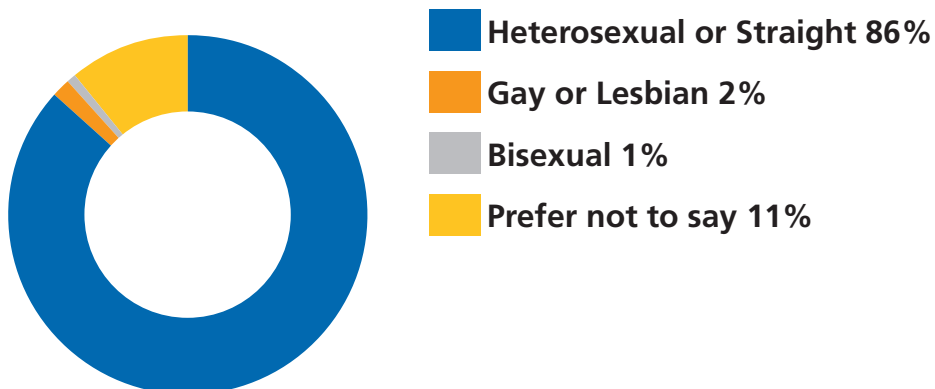
Please tell us your religion or belief.



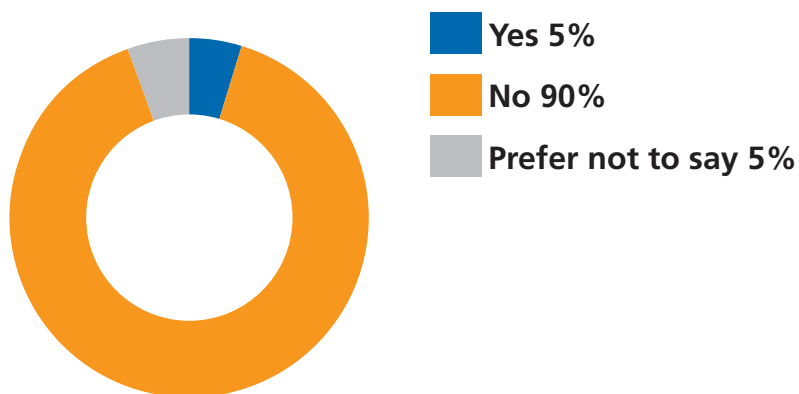
Do you consider yourself to have a long standing illness or disability?



How would you describe your sexuality?



Please tell us if you are pregnant or have a child under two years old.



Have you undergone gender reassignment?

