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**ETHNICITY FORM**
NHS Health Complaints Advocacy Service

Please complete the following form with the *patient’s* ethnicity.

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| **A. White** |
| **White British** |  | **White Irish** |  | **Any other white background** |  |

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| **B. Mixed / Multiple ethnic groups** |
| **White and Black Caribbean** |  | **White and Asian** |  | **White and Black African** |  |
| **Any other mixed / multiple ethnic group** |  |

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| **C.**  **Black / African / Caribbean / Black British** |
| **African** |  | **Caribbean** |  | **Any other Black background** |  |

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| **D. Asian / Asian British** |
| **Indian** |  | **Bangladeshi** |  | **Pakistani** |  |
| **Chinese** |  | **Any other Asian background** |  |

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| **E. Other** |
| **Any other ethnic group** |  | **Prefer not to say** |  |

**Why do we collect information about ethnicity?**The collection of ethnicity data is crucial in increasing understanding of the inequalities faced by different ethnic groups in order to improve the planning and delivery of services for those who identify as an ethnic minority. Ethnicity data also serves as a benchmark which tells us if our service is reaching specific ethnic groups or not.