**MONITORING FORM**

**Please complete this form by answering the questions below. This information will assist us in monitoring service users in a confidential manner. This will enable us to gather useful information, target our services effectively, and meet the needs of our service users.**

**1) What is your gender?**

**Male Female Other (please specify)**

**Do you or have you ever identified as Transgender?**

**Yes No**

**2) What is your ethnic group?
(*Please circle a group from A-E then tick appropriately to indicate your cultural background.)***

**A. WHITE**

**Scottish English Welsh**

**Irish Other *(please specify)***

**B. MIXED**

**Please specify**

**C. ASIAN/ASIAN BRITISH, SCOTTISH, WELSH, IRISH**

**Indian Pakistani Bangladeshi**

**Chinese Other *(Please specify*)**

**D. BLACK/BLACK BRITISH, SCOTTISH, WELSH, IRISH**

**Caribbean African**

**Other (*Please specify*)**

**E. OTHER ETHNIC AND CULTURAL BACKGROUND. (*Please specify*)**

**3) What is your sexual identity?**

**Lesbian Gay Bisexual Unsure Heterosexual Other (please specify)**

**4) What is your age?**

**5) Do you consider yourself to have a disability?
(*If answering yes please specify what the disability is)***

**Yes No**

**The current definition of disability under the disability discrimination act is: ‘A person has a disability for the purpose of this act if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities.’**

**Thank you very much for completing this form. Please return it by post without giving your name or other identifying details to: Finance & Admin Officer, Brighton& Hove LGBT Switchboard, Community Base, 113 Queens Road, Brighton BN1 3XG or by email to brighton.admin@switchboard.org.uk**