### **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.

**Date:………………………………………**

**1) What is your gender?**

|  |  |  |
| --- | --- | --- |
| * Male | * Female | * Genderqueer |
| * Non- Binary | * Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2) Do you identify with the gender you were assigned at birth?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Not all the time |

**3) What is your ethnic group?**

|  |  |
| --- | --- |
| * White British | * Asian or British Asian- Chinese |
| * White Irish | * Asian or British Asian Other\_\_\_\_\_\_\_\_\_ |
| * White Traveler of Irish Heritage | * Black or Black British- Caribbean |
| * White Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Black or Black British- African |
| * Asian or British Asian- Indian | * Black or Black British- Other |
| * Asian or British Asian- Bangladesh | * Mixed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Asian or British Asian- Pakistani | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |
| --- | --- | --- |
| * Lesbian | * Bisexual | * Queer |
| * Gay | * Heterosexual | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5) What is your age?**

**6) Do you consider yourself to have a disability?**

|  |  |  |
| --- | --- | --- |
| * Yes *(Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | * 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**