### **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 orientation?**

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

**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.’

Please can you tell us where you heard about the vacancy you are applying for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you very much for completing this form**