

Monitoring form for Adults

Reason form completed:

Month & Year:

EQUALITIES MONITORING INFORMATION

The completion of this form, or any part of it, is voluntary

Age Concern Waltham Forest is committed to equality of opportunity, both in the provision of service and in our role as an employer. We believe that all people have the right to be treated with dignity and respect. We are committed to the elimination of unfair discrimination and we are determined to ensure that all service users receive fair and equitable treatment.

We would be grateful if you would complete the monitoring information below. The purpose of this information is to assist in monitoring fair and effective service delivery and to develop our policies and practices. The information will be treated and maintained confidentially and will be used for monitoring and to identify service improvements only. No personal information, such as your name or address, will be released when reporting statistical data.

All information will be treated and maintained confidentially

Monitoring Ethnic Origin

Ethnic groups of over 1,000 people in Waltham Forest are named on this form. If your specific ethnic group is not listed, please choose the broad group and write in your ethnic group.

What is your ethnic group? Please tick ✓ the appropriate box to indicate your ethnic group

White	Black or Black British
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Albanian <input type="checkbox"/> Greek/ Greek Cypriot <input type="checkbox"/> Kosovan <input type="checkbox"/> Turkish/ Turkish Cypriot <input type="checkbox"/> (please specify below)	<input type="checkbox"/> African <input type="checkbox"/> Ghanaian <input type="checkbox"/> Kenyan <input type="checkbox"/> Nigerian <input type="checkbox"/> Somali <input type="checkbox"/> South African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background (please specify below)
Dual or Multiple Heritage <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other dual or multiple heritage (please specify below)	Asian or Asian British
Gypsy/Roma <input type="checkbox"/> Traveller <input type="checkbox"/>	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani

Chinese or Other Ethnic Group		Any other Asian background	
Chinese Any other ethnic background (please specify below)		<input type="checkbox"/> Mauritian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> (please specify below)	
Monitoring Disability			
Do you consider yourself to have a disability as defined in the Disability Discrimination Act 1995. The Act defines disability as: “a physical or mental impairment which has substantial and long-term effect on a person’s ability to carry out normal day to day activities”.			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If ‘YES’ please identify which type of disability from the options below			
Hearing disability <input type="checkbox"/>		Learning disability <input type="checkbox"/>	
Physical disability <input type="checkbox"/>		Visual disability <input type="checkbox"/>	
Other please specify			
Do you have a mental health issue or are you a user of mental health services?			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Monitoring Gender			
Please tick one box			
Female <input type="checkbox"/>		Male <input type="checkbox"/>	Transgender <input type="checkbox"/>
Monitoring Age			
Age (in years)			
My age is: 16-25; 26-35; 36-45; 46-55; 56-65; 66-75; 76-85; 86-95; 95+			
(please circle one group).			
Monitoring Religion			
Please tick one box			
What is your religion? Please tick one box only			
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Sikh <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>	If “other” please specify:
Monitoring sexual orientation			
Please tick one box			
What is your sexual orientation? Please tick one box only			
Bisexual <input type="checkbox"/>		Gay Man <input type="checkbox"/>	Heterosexual <input type="checkbox"/>
			Lesbian <input type="checkbox"/>