Monitoring Form

The Council would like to ensure that it is providing a service to all sections of the community and would appreciate your assistance in completing and returning this form.

Gender: Are you:

☐ Male  ☐ Female  ☐ Transgender M/F

Age:

☐ 18 – 24  ☐ 35 – 44  ☐ 55 – 59  ☐ 65+
☐ 25 – 34  ☐ 45 – 54  ☐ 60 – 64

Ethnicity:

☐ White – British  ☐ Mixed – White & Asian
☐ White – Irish  ☐ Asian or Asian British – Indian
☐ Black or Black British – Caribbean  ☐ Asian or Asian British – Pakistani
☐ Black or Black British – African  ☐ Asian or Asian British – Bangladeshi
☐ Mixed – White & Black Caribbean  ☐ Chinese
☐ Mixed – White & Black African  ☐ Other (please say)

Disability:

Do you have any longstanding illness, disability or infirmity? (Anything that has troubled you over a period of time or that is likely to affect you over a period of time).

If ‘yes,’ does this illness or disability limit your activities in any way?


Faith:

☐ Christian  ☐ Muslim  ☐ Hindu
☐ Jewish  ☐ Sikh  ☐ Other (please say)

Sexual Orientation:

☐ Heterosexual  ☐ Lesbian  ☐ Other (please say)
☐ Gay  ☐ Bi-sexual

Area you live in:

Please write the first part of your postcode i.e. RM2

Language:

Is English your first language?  ☐ Yes  ☐ No

If ‘no’ please say what is your first language.

Thank you for completing.