

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 return of 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:

- | | |
|---|---|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Asian or Asian British – Indian |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> Mixed – White & Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> 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.