

RACE / ETHNICITY

Please tick ONE box

- Asian please specify.....
- Black please specify.....
- Chinese please specify
- Mixed please specify.....
- White please specify.....
- Other please specify.....
- Prefer not to say

AGE

Please tick ONE box

- 16 – 24 25 – 34 35 – 44
- 45 – 54 55 – 64 65+
- Prefer not to say

DO YOU NEED HELP COMMUNICATING IN ENGLISH?

Please tick ONE box

- Yes No Prefer not to say

If Yes, please specify the most useful language for interpreting and translating:.....

HOW DID YOU FIND OUT ABOUT ADVOCARD?

- please specify.....
- Prefer not to say

DISABILITY

The Disability Discrimination Act 1995 defines a person as disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on one’s ability to carry out normal day to day activities.

Do you consider yourself to have such a disability?

- Yes No

If Yes, which words describe your disability?

Please tick ALL boxes that apply at the moment

- Physical Impairment e.g. significant mobility issue
- Sensory Impairment e.g. hearing or visual impairment
- Cognitive Impairment e.g. learning disability or acquired brain injury
- Mental Illness e.g. depression or schizophrenia
- Long-Term Health Condition e.g. cancer or HIV
- Other please specify.....

FAITH / BELIEF

Please tick ONE box

- Atheist Buddhist Christian
- Hindu Humanist Jewish
- Muslim No Religion Pagan
- Sikh Prefer not to say
- Other please specify.....

POSTCODE

Please include only the first 3 or 4 characters (e.g. EH7 or EH16):.....

Prefer not to say

SEXUAL ORIENTATION

Please tick one box

- Bisexual Gay Woman/Lesbian
- Gay Man Heterosexual/Straight
- Other please specify.....
- Prefer not to say

HAVE YOU USED MENTAL HEALTH SERVICES?

Please tick ONE box

- Yes, at the moment Yes, in the past
- No Prefer not to say

Month & Year.....

Thank you for completing this form



ADVOCARD EQUALITY & DIVERSITY MONITORING

AdvoCard aims to provide equal opportunities to everyone involved in the service. We'd be grateful if you completed this form to help us understand who we are reaching and how to better serve everyone in our community.

CONSENT

Please tick ONE box

- I do not want to answer any questions
- I agree to any information below being held anonymously in accordance with the Data Protection Act 1998
- Unable at this time to instruct advocacy worker

INVOLVEMENT WITH ADVOCARD

Please tick ALL boxes that apply at the moment

- Service User Volunteer
- Trainee Employee
- Committee

GENDER

Please tick ONE box

- Female Male
- Transgender: Female to Male
- Transgender: Male to Female
- Other please specify.....
- Prefer not to say