

**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 (form completed)**.....

**Volunteer**

**Paid Worker**



for users of mental health services

**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 whom we are reaching and how to better serve everyone in our community.

**CONSENT**

By answering these questions, I agree to any information below being held anonymously by AdvoCard in accordance with the Data Protection Act 1998.

**Please tick if you DO NOT agree and DO NOT want to answer any questions below**

**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

Other  please specify.....

Prefer not to say

**Have you regarded yourself as Transgender?**

Yes, Male to Female  Yes, Female to Male