



Monitoring Form

To help us ensure that FOCUS does not discriminate against anyone and to check that our Equal Opportunities Policy is effective, we collect information on everyone we work with.

All the information you provide will be anonymous and we will not tell anyone else what you put on this form.

Please complete all sections of this form and return it to a member of FOCUS staff. Thank you.

Age		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
------------	--	---------------	-------------------------------	---------------------------------	--------------------------------------

Ethnic Origin	How would you describe your ethnic origin?	
White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White Background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black Background	<input type="checkbox"/> Chinese Roma and Travellers <input type="checkbox"/> Roma <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other Traveller
Dual Heritage <input type="checkbox"/> Black Caribbean and White <input type="checkbox"/> Black African and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Other Dual Heritage Background	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background	<input type="checkbox"/> Other Ethnic Origin <input type="checkbox"/> Prefer not to say

Disability and illness	Are you disabled, or do you have a long-term illness? (if 'Yes', please give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability		
<input type="checkbox"/> Learning Difficulty	<input type="checkbox"/> Sensory Disability		
<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Multiple Disabilities		
<input type="checkbox"/> Long-term or Life-Limiting Illness	<input type="checkbox"/> Prefer not to say		

Education, Employment & Training	At present, are you...
<input type="checkbox"/> Employed	<input type="checkbox"/> In school, college or university
<input type="checkbox"/> Self-employed	<input type="checkbox"/> In training
<input type="checkbox"/> Other	<input type="checkbox"/> Not in education, employment or training
.....	<input type="checkbox"/> Prefer not to say

Qualifications	What is the highest qualification you have achieved so far?
<input type="checkbox"/> No qualifications	<input type="checkbox"/> Degree
<input type="checkbox"/> GCSEs (fewer than 5 at A – C grade)	<input type="checkbox"/> Post-Graduate
<input type="checkbox"/> GCSEs (5 or more at A – c grade)	<input type="checkbox"/> Other
<input type="checkbox"/> NVQ or equivalent
<input type="checkbox"/> A Levels	<input type="checkbox"/> Prefer not to say

Additional Information	Yes	No	Prefer not to say
Are you on a low income or receiving benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you homeless or in temporary accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you at risk of exclusion from school or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any criminal convictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you 'in care' or have recently left care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a 'young carer'? (e.g. are you responsible for looking after a relative?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a lone parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this form. All of this information will remain strictly confidential