

EQUAL OPPORTUNITIES MONITORING FORM

The information on this form will not be included as part of your application to become a trustee/staff member/participant at Working Well and will not be kept on your personal record. The information will be used to enable us to monitor our compliance with Equal Opportunities practice and to assist in the development of the Trust.

AGE

Date of Birth _____

Or alternatively, the following age bracket:

16 - 17	m
18 - 25	m
26 - 65	m
65+	m
Prefer not to say	m

DISABILITY

Do you consider yourself to be a disabled person?

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by the DDA.

Yes m **No** m **Prefer not to say** m

Please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment.

Physical impairment, such as difficulty using your arms or mobility Issues which means using a wheelchair or crutches m

Sensory impairment, such as being blind/having a serious visual Impairment or being deaf/having a serious hearing impairment m

Mental health condition, such as depression or schizophrenia m

Learning disability/difficult, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) m

Long-standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease, or epilepsy m

Other (please specify) _____

GENDER

Are you: **Male** m **Female** m **Prefer not to say** m