

Client Monitoring Form

We are asking for this information so we can ensure we are giving a good service to all our clients. It will only be used to monitor take up of services and ensure that no particular individual or groups of people are discriminated against in the provision of our services. Any answers you give will not affect the service you are receiving from CHAT. It is a Government requirement to ask these questions, but you can choose not to answer the questions.

1. **Are you...** (Please tick ✓ one box) Male Female

2. **What was your age on your last birthday?** Years

3. *Under the Disability Discrimination Act (DDA) 2005 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.*

Do you consider yourself to be disabled within the definition (please see above)?

(Please tick ✓ one box)

Yes - Go to question 4 No - Go to question 5

4. **Please state your type of impairment. If you have more than one type of impairment, please indicate all that are applicable.** (Please tick ✓ as appropriate)

- Physical or mobility impairment
- Visual impairment
- Hearing impairment
- Learning disability
- Mental Health condition
- Long-standing illness or health condition e.g. cancer, diabetes, HIV
- Other - please state

5. **Please tick which one applies to you** (Please tick ✓ as appropriate)

- | | | | |
|---|--------------------------|---------------------|--------------------------|
| Full time Employment (30 hours +) | <input type="checkbox"/> | Self Employed | <input type="checkbox"/> |
| Part time Employment (under 29 hours) | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Looking after the Home | <input type="checkbox"/> | Full-time Education | <input type="checkbox"/> |
| Government supported training scheme | <input type="checkbox"/> | Retired | <input type="checkbox"/> |
| Not Working for reasons of ill health/ disability | <input type="checkbox"/> | | |
| Other - please state | | | |

6. **Do you describe yourself as:** (Please tick ✓ one box)

- | | | | |
|--|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Black or Black British Caribbean | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black or Black British African | <input type="checkbox"/> |
| Other White Background
(Please state below) | <input type="checkbox"/> | Other Black Background
(Please state below) | <input type="checkbox"/> |
| Mixed White & Black Caribbean | <input type="checkbox"/> | Asian or Asian British Indian | <input type="checkbox"/> |
| Mixed White & Black African | <input type="checkbox"/> | Asian or Asian British Pakistani | <input type="checkbox"/> |
| Mixed White & Asian | <input type="checkbox"/> | Asian or Asian British Bangladeshi | <input type="checkbox"/> |
| Any other Mixed Background
(Please state below) | <input type="checkbox"/> | Any other Asian Background
(Please state below) | <input type="checkbox"/> |
| | | Chinese | <input type="checkbox"/> |

Any other Ethnic Group – Please state