

Equal Opportunities Monitoring Form

To assist us in monitoring the applications we receive for counselling, we would be grateful if you would complete and return this form together with your application. The information supplied will be kept in strict confidence and will be used for statistical purposes only and will be subject to the provisions of the Data Protection Act 1998. You are not required to complete this form, but are encouraged to do so to help us to ensure that our monitoring process is as accurate as possible. This form is detached from any other information you provide us with, e.g. registration form.

Date _____

Please indicate your gender:

- Female Male Transgender Non-Binary
 Prefer not to say Other

Please indicate your age range:

- 18-24 25-34 35-44
 45-54 55-64 65 + Prefer not to say

Please indicate your ethnic origin:

- White British White Irish
 Other White Asian or Asian British Indian
 Asian or Asian British Pakistani Asian or Asian British Bangladeshi
 Other Asian or Asian British Black or Black British Caribbean
 Black or Black British African Other Black or Black British
 Chinese Other
 Prefer not to say

What is your sexual orientation?

- Heterosexual Bisexual
 Homosexual Asexual
 Prefer not to say Other

Do you have a disability:

- Yes No

If you wish to disclose what your disability is, please do so below:

Are you a Haringey resident Yes Camden resident Yes

Other

Where did you hear about Highgate Counselling Centre?

Thank you for taking the time to complete this monitoring form