# CRCC Counselling

## Equal Opportunity Monitoring Form

Date (MM/YY): /

In order to ensure that we are representative from across the community we serve, we need to collect information from service users, staff and volunteers for monitoring purposes. We therefore ask you to complete the following form, which will be treated as confidential.

If you would prefer not to answer any of the questions, please feel free to leave them blank.

### How did you hear about our Centre?

|  |  |  |  |
| --- | --- | --- | --- |
| Friend/family |  | Sexual Assault Referral Centre (SARC) |  |
| GP |  | Social Media |  |
| Police |  | Youth Club |  |
| Poster/leaflet/card |  | Other organisation or professional |  |
| School |  | Specify: | |
| Other (please specify) |  | Prefer not to say |  |

### Are you working and/or in education? (please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Carer (full/part-time) |  | Working (full/part-time) |  |
| In education (full/part-time) |  | Unemployed |  |
| Retired (full/semi) |  | Prefer not to say |  |
| Other (please specify) |  |  |  |

### How old are you (in years)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <16 |  | 25 - 34 |  | 55 - 64 |  |
| 16 - 17 |  | 35 - 44 |  | 65 - 74 |  |
| 18 - 24 |  | 45 - 54 |  | 75 - 84 |  |
|  |  |  |  | Older Please specify |  |
|  |  |  |  | Prefer not to say |  |

### How would you describe your ethnic origin?

|  |  |  |  |
| --- | --- | --- | --- |
| Arab |  | White British |  |
| Asian or Asian British |  | White European |  |
| Black, African, Caribbean or Black British |  | Other ethnic group, please specify |  |
| Mixed/dual |  | Prefer not to say |  |

### What is your religion?

|  |  |  |  |
| --- | --- | --- | --- |
| Agnostic |  | Jewish |  |
| Atheist |  | Muslim |  |
| Buddhist |  | Sikh |  |
| Christian |  | Other Please Specify: |  |
| Hindu |  | Prefer not to say |  |

### Do you identify as having any disabilities?

|  |  |  |  |
| --- | --- | --- | --- |
| Blind/visual impairment |  | Neurodiversity (e.g. ADHD, Autistic) |  |
| Deaf/hearing impairment |  | Physical disability |  |
| Learning difficulty |  | Social/communication impairment |  |
| Long-term physical health condition |  | Other Please specify |  |
| Mental health problems/difficulty |  | No disability |  |
| Mobility difficulties |  | Prefer not to say |  |

### How would you describe your gender?

|  |  |  |  |
| --- | --- | --- | --- |
| Female |  | Male |  |
| Non-binary |  | Other Please specify |  |
|  |  | Prefer not to say |  |

### Do you identify as the gender you were assigned at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

### What is your sexual orientation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asexual |  | Pansexual |  | Bisexual |  |
| Gay/Lesbian |  | Heterosexual |  | Queer |  |
| Prefer not to say |  |  |  | Other Please specify |  |

### What is your relationship status?

|  |  |  |  |
| --- | --- | --- | --- |
| Civil partnership |  | Separated (but still legally married or in a civil partnership) |  |
| Co-habiting |  | Single (never married or in a civil partnership) |  |
| Divorced or partnership dissolved |  | Widowed or surviving partner from a civil partnership |  |
| In a relationship (not co-habiting) |  | Other Please specify |  |
| Married |  | Prefer not to say |  |

### How many children under 18 are in your care and how old is each one?

|  |  |
| --- | --- |
| Number of children: | Ages of children: |
| Prefer not to say |  |

### Are you pregnant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |