

EQUAL OPPORTUNITIES MONITORING FORM



IN CONFIDENCE

Cruse Bereavement Care wants to make its services available to all sections of the community. Please help us by filling in this form. The information will be treated confidentially and only used to monitor the effectiveness of our Equal Opportunities Policy.

1 **Gender:** (please circle) MALE FEMALE

2 **Age:** (please circle)

16-17 18-29 30-39 40-49 50-59 60-74 75+

3 **Do you consider yourself to have a disability as described by the Disability Discrimination Act?** (please circle)

ie do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities.

YES

NO

4 **How would you describe your ethnic or cultural origin?** (please circle) *If you wish to classify yourself in some other way, please feel free to do so.*

Asian British

Bangladeshi

Black African

Black British

Black Caribbean

Black Other

Chinese

Indian

Mixed Race

Pakistani

White British

White Irish

White Other

Other *(please specify)*