



# MONITORING FORM

The LGBT Domestic Abuse Project is committed to ensuring equal opportunities for all its staff and service users across all six established equality strands.

Please be assured that all the information that you provide on this monitoring form will remain anonymous and be treated as confidential. If you have any concerns about the monitoring process please contact Name, Job Title on number or email

[info@lgbtdomesticabuse.org](mailto:info@lgbtdomesticabuse.org)

**Please feel free to skip any question that you do not wish to answer.**

## AGE

How old are you?

Under 16

16-18

18-25

25-40

40-65

Over 65

## DISABILITY

Do you consider yourself to be disabled?

Yes

No

If yes, please specify

\_\_\_\_\_

## GENDER

Are you...

Female

Male

Other

Have you ever identified as transgender?

Yes

No

## RACE/ETHNIC GROUP

Asian, Asian Scottish, Asian British	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other Asian background _____
Black, Black Scottish, Black British	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>			Other Black background _____
Mixed	Any mixed background, please specify _____				
White	British	Irish	Scottish	Other White background _____	
Other Ethnic Background	Gypsy/Traveller <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other, please specify _____	

## RELIGION or BELIEF

What, if any, religious or belief group do you belong to?

Church of  
Scotland

Hindu

Jewish

Muslim

Roman  
Catholic

Sikh

None

Other Religion  
or Belief

## SEXUAL ORIENTATION

How would you describe your sexual orientation?

Bisexual

Gay Man

Heterosexual/  
Straight

Lesbian

Other

\_\_\_\_\_