



# WINTER SKILLZ

## Monitoring Form

*The Rhondda Fach Community Partnership strives to operate a policy of equality and diversity and not discriminate against any person. The information you provide will be treated in the strictest confidence and is for monitoring purposes only.*

**Gender:**  Male  Female

**Age Group**

<input type="checkbox"/> 14-19	<input type="checkbox"/> 20-24	<input type="checkbox"/> 25-29
<input type="checkbox"/> 30-34	<input type="checkbox"/> 35-39	<input type="checkbox"/> 40-44
<input type="checkbox"/> 45-49	<input type="checkbox"/> 50-54	<input type="checkbox"/> 55-59
<input type="checkbox"/> 60-64	<input type="checkbox"/> 65 or over	

**How did you find out about Winter Skillz?**

**Are you currently.....** (please indicate by a tick in the appropriate box)

In school?	<input type="checkbox"/>	Where?	
School Leaver?	<input type="checkbox"/>		
Student?	<input type="checkbox"/>		
Unemployed?	<input type="checkbox"/>	Under 12 months	<input type="checkbox"/> Over 12 months <input type="checkbox"/>
Employed	<input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Employer <input type="checkbox"/>

**Ethnic Origin** (please indicate by a tick in the appropriate box)

<b>White</b> <input type="checkbox"/> Welsh <input type="checkbox"/> British <input type="checkbox"/> Any other White background	<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	<b>Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<b>Other Ethnic groups</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<b>Not Stated</b> <input type="checkbox"/> Not Stated <input type="checkbox"/> I do not wish to disclose my ethnic group

Are you a lone parent? Yes/No      Number of Dependants

Are you a Welsh Speaker? Fluent      Basic      No

**Disability Discrimination Act 2005**  
Definition of disability: a physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities. Do you consider that you have a disability as defined under the Disability Discrimination Act 2005?

Yes       No       I do not wish to disclose whether or not I have a disability

If answering yes, please give details of your disability below:

Would you like to be contacted in the future with further information? YES/NO

\*All information given will only be used in line with the Data Protection Act 1984