**CLIENT BOOKING FORM**: **I**pswich[ ] **H**averhill[ ] **L**owestoft [ ] **N**orwich[ ] **T**hetford [ ]

|  |  |  |
| --- | --- | --- |
| **DATE ENQUIRY RECEIVED:** | **DATE OF APPOINTMENT:**  | **TIME:**  |

*office use only*: Database [ ]  sign-posted [ ]  Interpreter booked[ ]  appointment given [ ]  date of confirmation:

For Employment cases, the act must have happened within 3 months less 1 day otherwise it is timed out, with no case to answer.

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Contact Nos: Home & Mobile No. |  |
| Can we leave a message? |  |
| Email address |  |
| Language of first choice/require interpreter? |  |
| Identify which strand of discrimination applyPlease tick to indicate **🡪** | Age [ ]  Disability [ ] Gender Reassignment [ ]  Religion & Belief [ ] Marriage& Civil Partnership [ ]  Pregnancy& Maternity[ ]  Race [ ] Sex [ ]  Sexual Orientation [ ]  |
| Employment status Please tick relevant boxes.**🡪** | Full-time [ ]  Part-time [ ]  Self-Employment [ ]  Unemployed [ ] Student [ ]  Training Scheme[ ]  Apprentice [ ]  Carer [ ] Full-time Homemaker [ ]  Long-Term Sick [ ]  Retired [ ]  |
| Does the complaint relate to Employment? Goods & Services This means Housing, Public Services, Education or Transport?Or a Police Complaint?**Please tick relevant boxes 🡪** | Employment: **Yes** [ ] or **No** [ ]  Please tickGoods & Services: **Yes** [ ] or **No** [ ] Police complaint:  **Yes** [ ] or **No** [ ] If you have tick yes above, please provide name and address of Employer, Goods & Service Provider, or Police, in the **Box A** below 🡫 |
| **Box A** Name **🡪**Address **🡪** |  |
| Dates of the act(s) complained of |  |
| What is the act(s) complained of(please, include, names, job titles and dates). |  |
| Name of person who has done discriminatory or harassing act (if known) (and job title if known) |  |
| Referred by whom? or How did you hear about SLC/TDE? |  |

**EQUALITY MONITORING FORM (For grant funded no-legal-aid matters)**

We collect and monitor data on equality to ensure that our policies, practices and procedures promote equality of opportunity. It is also a requirement of our fundings grants.

All information provided will be kept confidentially in accordance with the General Data Protection Regulstion (GDPR). We hold the individual’s information on our Case Management System, but then anonymise the data for reporting purposes..

**Please specify your Local Authority: Please specify your language of first choice:**

1. **Sex**

[ ]  Male

[ ]  Female

[ ]  Prefer not to say

1. **Gender identity**

 Is your present gender the same as the one assigned to you at birth?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

1. **How would you describe your sexuality?**

[ ] Heterosexual

[ ] Gay

[ ] Lesbian

[ ] Bi-sexual

[ ] Prefer not to say

1. **Personal Status**

[ ]  Married

[ ]  Single

[ ]  Civil Partnership

[ ]  Other /Prefer not to say

1. **What age group do you belong to?**

[ ] 0-4

[ ] 5-9

[ ] 10-14

[ ] 15-24

[ ] 25-34

[ ] 35-44

[ ] 45-54

[ ] 55–64

[ ] 25-34

[ ] 35-44

[ ] 45-54

[ ] 55–64

[ ] 65-74

[ ] 75-84

[ ] Prefer not to say

1. **Do you consider yourself to have a disability?**

Under the Equality Act 2010 a disability is defined as a ‘physical or mental impairment which has, or had a

substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’.

[ ] Yes

[ ] No

[ ] Prefer not to say

1. **Please identify your disability**

[ ] Physical Impairment

[ ] Sensory impairment

[ ] Mental health condition

[ ] Learning disability

[ ] Prefer not to say

[ ] Other, please state:

1. **Please indicate which ethnic group you consider yourself to belong to?**

**White**

[ ] White – British (to include Northern Ireland, Scotland & Wales)

[ ] White – Irish

[ ] White - European

[ ] Other White

**Black**

[ ] Black or Black British – Caribbean

[ ] Black or Black British – African

[ ] Other Black

**Asian**

[ ] Asian or Asian British – Indian

[ ] Asian or Asian British – Pakistani

[ ] Asian or Asian British – Bangladeshi

[ ] Chinese

[ ] Other Asian

**Mixed**

[ ] Mixed – White & Black Caribbean

[ ] Mixed – White & Black African

[ ] Mixed – White & Asian

[ ] Other Mixed

**Other/unknown**

[ ]  Ethnic identity not known

[ ]  Prefer not to say

If you have selected ‘Other’ please state which group you consider yourself to belong to:

1. **Please indicate which religion you consider yourself to belong to?**

[ ]  Buddhist

[ ]  Christian

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  No religion

[ ]  Prefer not to say

[ ]  Other religion, please state:

1. **Please tell us?**

 What your monthly income is : £

 Are you a Member of a Union? Yes [ ]  No [ ]

 Do you have legal expenses insurance? Yes [ ]  No [ ]

**Data Protection Statement**

We collect and monitor data on equality to ensure that our policies, practices and procedures promote equality of opportunity.  It is also a requirement of our funding grants.

The information is important to us because it allows us to monitor our compliance with the law and to ensure that our services are reaching a diverse group of Service users. We are also asked, from time to time, to report it, in an anonymised form, to our funders. Any information you provide will be treated with confidence and kept confidential. Because of the nature of this information, we need your consent before we can collect and use it.

You have the right to be told what data we hold about you (though you are likely to  have provided us with that data) and to have it corrected if it is wrong. You may have other rights under the data protection legislation and you can find out more about these rights from the Information Commissioner’s Office at [www.ico.org.uk](http://www.ico.org.uk) For details of our full Privacy Notice.

Please visit <https://www.iscre.org.uk/legal-services/privacy-notice/>

**Consent**

I consent to you using this information for the purpose of equality and diversity monitoring. I understand that I can withdraw my consent at any time.

**Please tick this box to confirm that you agree for us to hold this information. 🞏**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_