**CLIENT BOOKING FORM**: Ipswich  Haverhill Lowestoft  Norwich Thetford

|  |  |  |
| --- | --- | --- |
| **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.

|  |  |
| --- | --- |
| Mr/ Mrs/ Ms/ Miss/ Dr/ **🡪**  Full Name **🡪** |  |
| Date of Birth |  |
| National Insurance Number **🡪** |  |
| Address |  |
| Contact Nos: Home & Mobile No.  Can we leave a message? Yes or No |  |
| Email address **🡪** |  |
| Preferred Contact | Home Phone  or Mobile Phone  Text  Email |
| Language of first choice / require interpreter? |  |
| Identify which strand of discrimination apply  Please 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  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 tick  Goods & 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 (Discrimination 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 funding grants.

All information provided will be kept confidentially in accordance with the General Data Protection Regulation (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:**

1. **Sex**

Male

Female

I prefer not to say

1. **Gender Reassignment**

Is your current gender presentation the same as the one observed at birth?

Yes

No

I prefer not to say

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

Heterosexual

Gay

Lesbian

Bi-sexual

I prefer not to say

1. **Personal Status**

Married

Single

Civil Partnership

Other / I prefer not to say

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

0-4

5-9

10-14

15-19

20-24

25-34

35-44

45-54

55-64

65-74

75- 84

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

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. **Country of Birth:**
2. **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. **Are you?**

Employed full-time

Employed part-time

Self-employed

Unemployed

Student

Training scheme

Carer

Long term sick

Retired

1. **Please tell us?**

What your average monthly income is: £

Are you in receipt of any benefits? Yes  No

Are you a member of a Union? Yes  No

Do you have Legal Expenses Insurance? Yes  No

**Data Protection Statement:**

The information in this Equality Monitoring form 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 a 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 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 <http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**