**[TEMPLATE] Service User Anonymised Demographic**

ADD YOUR LOGO – delete box

**Data Form for [Organisation/Session]**

**Why Your Voice Matters**

Thank you for taking a moment to fill in this form. By sharing a few details about yourself, you’re helping us to better understand who we’re reaching—and who we might be missing. This information helps ensure our services are inclusive, representative, and responsive to the needs of everyone in our community. It also supports our future planning and helps us to access funding opportunities so we can continue to grow and improve together.

**Your responses are confidential and greatly appreciated.**

**Demographic Information**

*If you do not want to give any of the following information - please tick prefer not to say.*

**Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:**

 ☐ Male           ☐ Female           ☐ non-binary           ☐ Prefer not to say           ☐ Other: \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age:**  

Under 18 ☐          18-24 ☐           25-34 ☐          35-44 ☐          45-54 ☐           55-64 ☐          65+ ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
**Do you consider yourself to have a disability?**

 Yes ☐         No ☐         Prefer not to say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:**

Asian/Asian British ☐     Black, Black British, Caribbean or African ☐   
Mixed/Multiple Ethnicity ☐ White ☐ Other - Please Specify ☐    
Prefer not to say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please turn over**

**Sexual Orientation:**

Bisexual ☐ Heterosexual ☐ Homosexual ☐ Other - Please Specify \_\_\_\_\_\_\_   
Prefer not to Say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to currently have any of the following Socio-economic challenges?**

Financial hardship ☐   Socio-economic challenges ☐       On benefits ☐

Sanctuary Seeker / NRPF status ☐   Unemployed ☐ Prefer not to Say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion/Faith:**

Buddhist ☐     Christian ☐        Hindu ☐    Jewish ☐ Muslim ☐ Sikh ☐    
No religion ☐     Other - Please Specify ☐    Prefer not to Say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender Reassignment:**

Yes ☐ No ☐ Prefer not to say ☐

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**Pregnancy and Maternity**

Pregnant ☐ On Maternity Leave ☐ Not Applicable ☐ Prefer not to say ☐

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**Marriage and civil partnership**

Civil partnership ☐ Divorced ☐ Married ☐ Single ☐ Widowed ☐    
Prefer not to say ☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent & Declaration**

**Please tick to confirm:**

☐ I consent to my **anonymised** data being used for the purposes of monitoring and reporting to funders.

☐ I understand my data will be kept confidential and stored securely.

☐ I understand I can withdraw my consent to store my data at any time.

**Thank you so much for taking the time to complete this form.**