

SECTION 75 MONITORING FORM

In completing this form we would request that you adopt the following definition.

For each question please tick the **MAIN GROUP** to benefit. The “main group” means: comprising more than 60% of the group.

SECTION 75 GROUPS		
Participants with a disability	<input type="checkbox"/> with a disability <input type="checkbox"/> without a disability <input type="checkbox"/> Unable to specify	
Men & Women	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unable to specify	
Person with dependants	<input type="checkbox"/> with dependants	<input type="checkbox"/> without dependants <input type="checkbox"/> Unable to specify
Racial Group	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Black African <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Black Carribean	<input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed Ethnic <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Black <input type="checkbox"/> Other <input type="checkbox"/> Unable to specify
Religious Belief	<input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant & Catholic <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu	<input type="checkbox"/> Islam/ Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/> Unable to specify
Political Opinion	<input type="checkbox"/> Nationalist generally <input type="checkbox"/> Unionist generally	<input type="checkbox"/> Other <input type="checkbox"/> Unable to specify
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unable to specify
Sexual Orientation	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual <input type="checkbox"/> Unable to specify
Age	<input type="checkbox"/> Under 16	<input type="checkbox"/> Over 16 <input type="checkbox"/> Unable to specify

Thank you for completing this form. Please return the completed form to your CYP Development Officer.