

HOUNSLOW YOUTH COUNSELLING SERVICE
78 St Johns Road, Isleworth, Middlesex TW7 6RU
020 8583 2958

Equal Opportunities Monitoring Form

| | | | |
|--|--|--|--|
| Name | | | |
| Ethnic origin | | | |
| Are you registered disabled – YES or NO | | | |
| **If yes or if you are not registered disabled, but have physical or mental condition that you think we should know, please give details: | | | |
| | | | |
| Age | | Gender Eg. M,F, non-binary, trans, other | |

** The disability discrimination act considers a person disabled if:

- You have a longstanding physical or mental disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day to day activities