**Monitoring Form**

**Lemis + Hospitality Tutor**

**MONITORING QUESTIONNAIRE UNDER THE ASHTON COMMUNITY TRUST’S EQUAL OPPORTUNITY POLICY**

**IN CONFIDENCE, USED FOR STATISTICAL PURPOSES ONLY**

**1** **Perceived Religious Affiliation**

 **i** I perceive myself to be from the Protestant community

 **Or**

 **ii** I perceive myself to be from the Catholic community

 **Or**

 **iii** I perceive myself to be from neither the Protestant or

 Catholic community.

 (Please specify)

**2** **Gender**

 I am FEMALE MALE

**3** **Marital Status**

 I am MARRIED SINGLE OTHER

**4** **Disability**

 I am registered disabled person I am not registered disabled person

**5** **Age Band**

 I belong to the following band:

Up to 20 21-30 31-40 41-50 51-60 61-65

**THANK YOU FOR YOUR CO-OPERATION**

**When you have completed this questionnaire, please return it in the envelope provided to:**

**The Monitoring Officer**

**ASHTON COMMUNITY TRUST**

**5 CHURCHILL STREET**

**BELFAST BT15 2BP**