

MONITORING FORM

Please help us to gather the information we need for funding purposes by giving us some details about you. All information will be kept secure and private.

NAME (full): _____

DATE OF BIRTH: _____

FIRST LINE OF ADDRESS: _____

POSTCODE : _____

TELEPHONE: _____

EMAIL: _____ please tick if you **do not** want to be on our mailing list.

WHAT BEST DESCRIBES YOUR GENDER?:

Male Female I use another term (e.g non-binary) Prefer not to say

DO YOU CONSIDER YOURSELF TO BE TRANS? *Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.*

Yes No Prefer not to say

WHAT IS YOUR ETHNIC GROUP?: Please tick where appropriate.

Asian/Asian British

Indian Pakistani Bangladeshi Chinese

Any other Asian background, please describe _____

Black/ African/Caribbean/Black British

African Caribbean

Any other Black/African/Caribbean background, please describe _____

Mixed/Multiple ethnic groups

White & Black African White & Asian

Any other Mixed/Multiple ethnic background, please describe _____

Other ethnic group

Arab Any Other Ethnic Group, please describe _____

White

British Irish Gypsy or Irish Traveller Chinese

Any other White background, please describe _____

WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF?:

Heterosexual /Straight Gay/Lesbian Bisexual Other Prefer not to say

PLEASE TICK THE HIGHEST LEVEL OF QUALIFICATION YOU HOLD:

A degree level qualification Other qualifications (e.g apprenticeship/A-levels/GCSEs or O-Levels)

Don't know Prefer not to say Other (please specify) : _____

DO YOU CONSIDER YOURSELF TO BE DISABLED?:

- I have a disability I do not have a disability I don't know Prefer not to say

DO YOU HAVE ANY MEDICAL CONDITIONS?: *Please let us know of any health or mental wellbeing issues that you think we should be aware of.*

WHAT IS YOUR ADDICTION HISTORY?: *please tick all boxes that are relevant to you.*

- I have a history of alcohol misuse.
- I have a history of drug misuse. *Please specify:* _____
- I have no history of alcohol or drug misuse but have been affected by or care for someone with a history of drug or alcohol misuse.

PLEASE TICK THE RELEVANT SERVICE PROVIDERS YOU ARE STILL ATTENDING:

- Turning Point Blenheim CGL Build on Belief Other, *please specify:* _____

By providing this information, you agree that we can liaise with your provider to support you in recovery. All information will be confidential.

HOW DID YOU HEAR ABOUT OUTSIDE EDGE THEATRE COMPANY?:

- I attended a **Taster Session**, *please specify where:* _____
- I was referred by a **Social Prescribing Link worker**, *please specify who:* _____
- Other**, *please specify:* _____

BELOW ARE SOME STATEMENTS ABOUT FEELINGS AND THOUGHTS.

Please choose the answer that best describes your experience of each over the last two weeks and put an X in the relevant box.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my mind about things					
I've felt that the things I do in my life are worthwhile					
I've been feeling happy with the way my life is now					

BELOW ARE SOME STATEMENTS ABOUT RELATIONSHIPS.

Please tick the box which most describes to what extent you agree or disagree with these statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am content with my friendships and relationships					
I have enough people I feel comfortable asking for help at any time					
My relationships are as satisfying as I would like them to be					

All information provided will be kept in accordance with Outside Edge Theatre Company's Data Protection Policy. For more information about this policy please contact the office on 0207 371 8020 or ask your facilitator.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.