

Intergenerational Quiz Registration form

Name	
Address	
Postcode	
Phone/Mobile	
E-mail	

Privacy/consent guide/statement statement
 How we use your information to be added in here to suit organisation

Equalities Monitoring Form

Which gender describes you best?

Male

Female

Do you consider yourself disabled or to have additional support needs (ASN)?

Yes

No

Prefer not to say

Please indicate your ethnic origin

White Scottish

Other (South) Asian

Other white British

Chinese

White Irish

Caribbean

Other White

African

Indian

Black Scottish

Pakistani

Mixed

Bangladeshi

Other ethnic group

Please Indicate Your Age

20 under

36 – 45

21 – 25

46 – 55

26 – 30

56 – 65

31 – 35

65 plus

Indicate if you are a carer for one or more of the following:

Parent

Please state age(s)

Child(ren) under 16

Spouse/partner. Please state age(s)

Brother(s)/Sister(s)

If other please state

Other relative

Other