**Advocacy, Independent Visitors and Discrimination Consultation**

**Session monitoring form**

Please complete as fully as possible with the number of participants in each category.

Local Authority:

Worker name and contact details:

Total Number of participants:

What activities did you complete?

|  |  |  |
| --- | --- | --- |
| Advocacy | Independent Visitors | Protected Characteristics |
|  |  |  |

Age of participants:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4-8 | 9-11 | 12-14 | 15-17 | 18-20 | 21-24 | 25+ |
|  |  |  |  |  |  |  |

Gender (as they identify):

|  |  |  |  |
| --- | --- | --- | --- |
| Male | Female | Non-Binary | Other/Undisclosed |
|  |  |  |  |

Ethnicity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian | Black | Mixed | White | Other |
|  |  |  |  |  |

Long-term Disability or Health Problem that limits day to day activities (long term being over 12 months):

|  |  |
| --- | --- |
| Yes | No |
|  |  |

Please provide this monitoring form along with any feedback from your group to [ANV@coramvoice.org.uk](mailto:ANV@coramvoice.org.uk) by **30 September 2022.**