Person Checklist

Name:	
Address:	

ID check (1)		ID check (2)	
Passport	☐	Passport	☐
Birth Certificate	☐	Birth Certificate	☐
Driving Licence	☐	Driving Licence	☐
Marriage Certificate	☐	Marriage Certificate	☐
Divorce/Annulment Papers	☐	Divorce/Annulment Papers	☐
Medical Card	☐	Medical Card	☐
Credit Card	☐	Credit Card	☐
Bank/Building Society Statement	☐	Bank/Building Society Statement	☐
Utility Bill (last quarter)	☐	Utility Bill (last quarter)	☐
Life Assurance/Insurance Policy	☐	Life Assurance/Insurance Policy	☐
Benefits Payment Book	☐	Benefits Payment Book	☐
Last Wage Slip (current employer)	☐	Last Wage Slip (current employer)	☐
Forces Cert of Employment	☐	Forces Cert of Employment	☐
UK Residents Permit	☐	UK Residents Permit	☐
EC/EEA Identity Card	☐	EC/EEA Identity Card	☐
Home Office Standard Letter	☐	Home Office Standard letter	☐
Solicitors' letter	☐	Solicitors' letter	☐
Inland Revenue letter	☐	Inland Revenue letter	☐
Probation Officer letter	☐	Probation Officer letter	☐

Communication Methods

What is your preferred contact method?		Do you require any alternative type?	
Phone	☐	Large type	☐
Text	☐	Braille	☐
Email	☐	Audio tape	☐
Fax	☐	Sign Language	☐
Letter	☐	Video	☐

What is your 1st written language?		What is your 1st spoken language?	
Albanian	☐	Albanian	☐
Arabic	☐	Arabic	☐
Bengali	☐	Bengali	☐
Cantonese	☐	Cantonese	☐
English	☐	English	☐
Farsi	☐	Farsi	☐
French	☐	French	☐
Mandarin	☐	Mandarin	☐
Portuguese	☐	Portuguese	☐
Turkish	☐	Turkish	☐
Other	☐	Other	☐

If English is not your 1st language, is there an English speaker in household? Yes ☐ No ☐

Do you write in any other Languages?	Do you speak any other Languages?
Yes ☐ No ☐	Yes ☐ No ☐
Please specify ……	Please specify ……

Do you require written translation? Yes ☐ No ☐	Do you require spoken translation? Yes ☐ No ☐
Do you require a female interviewer? Yes ☐ No ☐ N/A ☐	Do you require a male interviewer? Yes ☐ No ☐ N/A ☐
Do you consider yourself to have speech problems? Yes ☐ No ☐	Do you consider yourself to have literacy problems? Yes ☐ No ☐

Health – Do you consider yourself …

to be blind/ partially sighted? Yes ☐ No ☐	to have hearing problems? Yes ☐ No ☐
to be a wheelchair user? Yes ☐ No ☐	to have learning difficulties? Yes ☐ No ☐

Which of the following Mobility Groups would you consider yourself to be in?

No Mobility Issues Mobility 1 Mobility 2 Mobility 3 (see mobility definitions)	☐ ☐ ☐ ☐	**Mobility Group 1** Full time wheelchair users for indoor & outdoor mobility
Mobility Group 2 Unable to manage steps/stairs/steep gradients and require a wheelchair for outdoor mobility		**Mobility Group 3** Able to manage 2-3 steps/stairs but unable to manage steep gradients

Do you have any other mobility problems you wish to tell us about? Yes ☐ No ☐

Details _____

Do you consider yourself …

to have mental health issues? Yes ☐ No ☐	to have issues with alcohol? Yes ☐ No ☐	to be a substance user? Yes ☐ No ☐

Are there any other health issues you wish to tell us about? Yes ☐ No ☐

Details _____

Optional Equalities Questions

Religion		Sexuality	
Christian Jewish Hindu Muslim Sikh Buddhist None Other	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Bisexual Gay Heterosexual Lesbian Transgender Other	☐ ☐ ☐ ☐ ☐ ☐