

Monitoring Form (to be completed at training or first session)

Prisoner name						
Prisoner number			Date (Day/	Month/Year)		
Your age range:						
14-17 18-	24	25-29	30-35			
36-45 46-	55	56-64	65+	Prefer no	ot to say	
Is English your first langua	ige?					
Yes No	lf no, what is	s your first lan	guage?			
Choose one option that be	st describes	your ethnic gro	oup or backg	round:		
White						
	English/Welsh/Scottish/British Northern Irish Irish					
Gypsy or Irish Travel	er	Any of	her white bac	kground		
Mixed/multiple ethnic grou	ps					
White & Black Caribb	White & Black Caribbean White & Black African White & Asian					
Any other mixed/mult	iple ethnic ba	ckground				
Asian/Asian British						
Indian	Pakistani	Ban	gladeshi	Chir	nese	
Any other Asian back	ground					
Black/African/Caribbean/B	lack British					
African Cari	bbean	Any other B	lack/African/C	aribbean bac	kground	
Other ethnic groups						
Arab Any	other ethnic g	roup, please de	scribe:			
Prefer not to say						
Do you have a disability or	a neurodive	rse condition?	lf yes, please	e tick approp	oriate box:	
ADHD Autism	Dyslexia	a Trauma	tic Brain Injury	/ Other	neurodiversity	
Other mental or physic	al disability	f other, please	specify:			

Please tick relevant circle	Yes	No
I am currently engaged in prison education.		
If yes, please specify:	\bigcirc	\bigcirc
I am currently doing a behaviour programme.		
If yes, please specify:	\bigcirc	\bigcirc
I currently have a job in the prison.		
If yes, please specify:	\bigcirc	\bigcirc

Please give the completed form to your Shannon Trust facilitator or mentor coordinator as soon as possible.