

Appendix 3: Data Capture Forms

Participant Data Form 1

Instructions for participant: please complete all pages of this form and make sure you have signed the declaration in the 'Participant Declaration' box

Section 1: Participant information (please circle or mark 'X' where appropriate) Date/Time:	
First name(s)	
Surname	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Age	16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Email address	
Contact phone number	
National Insurance number	
Home postcode	
Ethnicity (please tick the box that applies to you)	
White	Black British
Mixed	Caribbean
Asian	Prefer not to say
Asian British	Other ethnic group (please provide detail in box below)
Black	
Prefer not to say	

<p>Do you have any long-standing illness, disability or infirmity? (Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If you answered 'yes', please say whether you are affected in any (or all) of the following areas:</p> <p>Vision <input type="checkbox"/></p> <p>Hearing <input type="checkbox"/></p> <p>Mobility <input type="checkbox"/></p> <p>Dexterity <input type="checkbox"/></p> <p>Stamina/fatigue <input type="checkbox"/></p> <p>Learning/understanding <input type="checkbox"/></p> <p>Memory <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p> <p>Social interaction/behaviour <input type="checkbox"/></p> <p>Other, please provide details –</p>
<p>Do you feel you have a neurodivergent condition (i.e. your brain functions differently to many people) such as ADHD, Autism Spectrum Disorder, Dyslexia? (This may be diagnosed or not diagnosed)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Not sure <input type="checkbox"/></p>
<p>Do you consider yourself to be a disabled person?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
<p>Are you currently in care?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Are you a care-leaver (i.e. you have spent some time in the past in foster care, residential care or other arrangement as a child)?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Are you a carer?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Do you have your own transport?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Section 2: Participant employment status

Current employment status – this is your employment status at the START of this activity / project

<p>Unemployed - you have been actively looking for work in the last 4 weeks and are available to start in the next 2 weeks</p> <p><i>Please also indicate how many months you have been unemployed</i></p>	<p><input type="checkbox"/></p> <p>___ Year(s) ___ Month(s)</p>
<p>Economically inactive - you are not currently in work or looking for work for some reason e.g. full/part-time student, volunteer, unpaid work placement</p>	<p><input type="checkbox"/></p>
<p>Employed - you are doing one or more hour of work each week or are temporarily away from work for some reason e.g. sickness</p> <p><i>Please also detail your job title and sector</i></p>	<p><input type="checkbox"/></p> <p>Job title: Sector:</p>

Participant Declaration

I confirm that, to the best of my knowledge, the information above is correct and given in good faith.

Please find details of the Innovation for Youth & Community Privacy Notice at the end of this form. This details how we will collect and use the information we collect.

Participant signature	
Project staff signature	
Please print staff name	

For Office Use Only (NOT TO BE COMPLETED BY PARTICIPANT)

Strand:	Partner/Grant recipient:
---------	--------------------------