

Declaration - please read this carefully

- This is my claim for Free School Meals or a one off Clothing Grant, or both
- The information I have given on this form is correct and complete to the best of my knowledge
- The documents I have provided to support this claim are genuine and complete
- I authorise you to cross-check the information I have given with other sections within the council and with government departments as long as this is done within the terms of the Data Protection Act
- I agree that you can inform and share information on my free school meals entitlement with the school(s) attended by my child(ren) of the initial and ongoing entitlement to free school meals
- I understand that if I give information that is incorrect or incomplete that I may have to repay the value of any benefit received
- I consent to information on my eligibility to Free School Meals being shared with other sections within the council and with other government departments
- I know that I must tell you immediately, in writing, about any change in circumstances

Signature of parent or legal carer Date

Data Protection Act 1998: the information that you give on this form will be used for the purpose of processing your application for free school meals and a clothing grant. The Authority is under a duty to protect the public funds they handle and may use the information you have provided on this form to prevent and detect fraud. It may also share this information, for the same purposes, with other organisations which handle public funds.

✉ Shared Service Centre | Benefits, PO Box 10505, Wood Green, London, N22 7WJ
☎ 020 8489 1000

Equal Opportunities Monitoring Form

The Public Sector Equality Duty does not expressly require the council to collect equality information. However, collecting, analysing and using the information helps us to see how our policies and activities are affecting various sections of our communities. In employment and service provision, it helps us to identify any existing inequalities and where new inequalities may be developing and take action to tackle them.

In addition to the nine "protected characteristics" (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Sex [formerly Gender], Race, Religion or Belief and Sexual Orientation) identified in the Equality

Act 2010, we have added categories of Refugees and Asylum Seekers and Language in order to reflect the full diversity of Haringey.

We will be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

The information you provide on this form will be held in the strictest confidence and only be used for the purposes stated above.

Age Please tick one box

- | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-59 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85-89 |
| <input type="checkbox"/> 21-24 | <input type="checkbox"/> 30-44 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 75-84 | <input type="checkbox"/> 90 and over |

Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Haringey Council accepts the social model of disability. However, in order to be able to identify and respond to your specific needs, it is important that we know what kind of disability you have.

Do you have any of the following conditions which have lasted or are expected to last for at least 12 months?

- | | | |
|--|---|--|
| <input type="checkbox"/> Deafness or partial loss of hearing | <input type="checkbox"/> Developmental disorder | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Blindness or partial loss of sight | <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Other disabilities |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Long term illness or condition | <input type="checkbox"/> No disabilities |

Ethnicity Please tick the box that best describes your ethnic group

White

- British Irish

Mixed

- White and Black African
 White and Black Caribbean
 White and Asian
 Other, please specify _____

Black or Black British

- African
 Caribbean
 Other please specify _____

White Other

- Greek/Greek Cypriot Turkish/Cypriot
 Turkish Kurdish
 Gypsy/Roma Irish Traveller
 Other, please specify _____

Asian or Asian British

- Indian
 Bangladeshi
 Pakistani
 East African Asian
 Other, please specify _____

Chinese or other ethnic group

- Chinese
 Any other ethnic background

Sex

- Male Female

Gender reassignment

Does your gender differ from your birth sex?

- Yes
 No
 Prefer not to say

Sexual orientation

Please tick the box that best describes your sexual orientation

- Heterosexual Bisexual
 Gay Lesbian
 Prefer not to say

Refugees and Asylum Seekers

Are you?

- A Refugee An Asylum Seeker

What country or region are you a refugee asylum seeker from?

Religion

Please tick as appropriate

- Christian Hindu
 Muslim Sikh
 Jewish Rastafarian
 Buddhist No Religion
 Prefer not to say
 Other (please specify) _____

Pregnancy and maternity

Please tick one box

Are you pregnant?

- Yes No

Have you had a baby in the last 12 months?

- Yes No

Marriage and Civil Partnership

Please tick one box

- Single Married
 Co-habiting Separated
 In a same sex civil partnership
 Divorced Widowed

Language

Please tick the box that best describes your language

- Albanian Arabic
 English French
 Lingala Somali
 Turkish

Other (please specify): _____

Thank you for completing this form.