

# Mali Jenkins Help Fund

## Monitoring form

### Please complete all sections

The information is helpful in monitoring the effectiveness of our services. Any information given will be confidential. The information is for statistical purposes only, it will be kept separate from application forms and won't affect the outcome of your application.

#### Which of the following age groups do you belong to?

- Under 60       60 – 80       80 +

#### Which of the following categories do you belong to?

- White  
 Mixed  
 Asian or Asian British  
 Black or Black British  
 Chinese  
 Other

#### How did you hear about the Mali Jenkins Help Fund?

- Branch  
 ISW  
 Poster  
 The Parkinson  
 PDS website  
 Healthcare professional (please give details)  
 Word of mouth  
 Other (please give details)

#### What other sources of funding have you applied for?

- Independent Living Fund  
 Disabled Facilities Grant  
 Other charity (please give details)  
 None