|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Gender | Age | Nationality | Ethnicity | Sexual Orientation | Religion/ Belief System | Do they have a physical disability? | Do they (or have they) experienced mental health issues? | Highest level of Education | Married? |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| YOU |  |  |  |  |  |  |  |  |  |  |  |

Please think about the 5 people you TRUST the most, who are NOT members of your family, and list them in the table below.

Please put the answers relating to yourself in the last row.