***Guidance and information for data collection related to GDS Side-events***

**Please note:**

1. All event data that is shared with the GDS Secretariat and the International Disability Alliance (IDA) will be kept secure, confidential and anonymous. All information provided to the GDS Secretariat and IDA will only be viewed and used to improve future events and for reporting purposes. Data can be deleted by the GDS Secretariat and IDA at anytime upon request.
2. When collecting sensitive information it is suggested to include on the registration form your organization’s data privacy statement.
3. If Zoom is being used for this event, it would be useful for the GDS Secretariat to receive both the “attendance” and “registration” list from the events after it has taken place.

***Sample Webinar Registration Questions***

**The following are sample questions that can be used as part of a virtual event registration form. Helpful hints for preparing the form are in red text in brackets.**

***Primary Information******Questions***

* First Name *(insert text field)*
* Family Name *(insert text field)*
* Email address *(insert text field)*

***Recommended Disaggregated Information Questions*** *(These questions help collect data related to underrepresented groups and participant demographics)*

* What is your country of origin? \_\_\_\_\_\_ *(written field or dropdown menu of countries)*
* Do you consider yourself to be: *(check-box option) (recommended mandatory question)*
* A man
* A woman
* Other
* I prefer not to say
* Do you consider yourself to be: *(check-box option) (recommended mandatory question)*
  + - A person with intellectual disability
    - An autistic person
    - A person with deafblindness
    - A person with psychosocial disability
    - A person who is blind or partially sighted
    - A person with physical impairments
    - A deaf person
    - A person who is hard of hearing or has other hearing impairments
    - A person with another disability not yet mentioned
    - A person without disability
    - A family member of a person with disability
    - I prefer not to say

If you answered, *A person with another disability not yet mentioned, please describe\_\_\_\_\_\_ (written field)*

* What is your age? (check-box options)
  + 18 and under
  + Between 19 and 35
  + Between 36 and 55
  + Between 56 and 64
  + Between 65 and 74
  + 75 and over
  + I prefer not to say
* Do you identify as an indigenous person and/or a person from an ethnic or racial minority? *(check-box option)*
* Yes
* No
* I am not sure
* I prefer not to say
* What type of organisation do you belong to? *(check-box option)*
* Organisation of Persons with Disabilities
* Government
* United Nations
* Non-governmental Organisation
* Consultant
* For-profit organisation
* Other
* I do not belong to an organisation
* I prefer not to say