

Equal Opportunities Monitoring Form

What is your ethnic origin?

White

English Scottish Welsh Irish

Any other White background, please write in _____

Mixed Heritage

White and Black Caribbean White and Black African

White and Asian White and Chinese

Any other mixed background, please write in _____

Asian or Asian British

Asian Indian Asian Pakistani

Asian Bangladeshi

Any other Asian background, please write in _____

Black or Black British

Black Caribbean Black African

Any other Black background, please write in _____

East Asian or East Asian British

Chinese Vietnamese

Any other East Asian background, please write in _____

Other Ethnic Background

please write in _____

Other

Prefer not to say

How do you describe your gender?

Male Female Non-Binary

Other Prefer not to say

Do you identify as a D/deaf or disabled person, or have a long-term health condition?

Yes No Prefer not to say

If you answered 'yes' to the question above and feel comfortable providing further details, please tick which of the following applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment/Deaf |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Cognitive or learning disability |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Other long term/chronic condition |
| <input type="checkbox"/> Other | |

Thank You (All information collected on this form is confidential)