

EQUAL OPPORTUNITIES MONITORING FORM

What is your ethnic origin?

<input type="checkbox"/> White British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic
<input type="checkbox"/> Other* <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known	

**'Other' means people whose origins do not fall into any of the above groups or who chose to select a different grouping*

Do you consider you have a disability as defined by the Disability Discrimination Act (1995)^?

Yes No Prefer not to answer Not known

If yes, do you identify as having:

- Visual Impairment
- Hearing Impairment/Deaf
- Physical Disabilities
- Cognitive or Learning Disabilities
- Mental Health Condition
- Other Long Term/Chronic Conditions

^Note: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. lasting more than 12 months) adverse effect on your day to day living. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur, or the condition is progressive.

How would you describe your gender?

What is your age range?	What is your sexual orientation?
<input type="checkbox"/> 18-24	<input type="checkbox"/> Bisexual
<input type="checkbox"/> 25-34	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> 35-44	<input type="checkbox"/> Homosexual
<input type="checkbox"/> 45-54	<input type="checkbox"/> Other
<input type="checkbox"/> 55-64	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> 65+ years	
<input type="checkbox"/> Prefer not to say	