



CONFIDENTIAL

EQUAL OPPORTUNITIES MONITORING FORM

To help us monitor the effectiveness of our Equal Opportunities we would like you to fill in this form. If you choose to complete it, any information given is treated in the strictest confidence.

Please tick the appropriate boxes.

Which of the following groups do you consider you belong to?

White

British Other British Irish

Any other white background, _____

Mixed

Any mixed background, _____

Asian,

Indian Pakistani Bangladeshi Chinese

Any other Asian background, _____

Black,

Caribbean African

Any other Black background, _____

Other ethnic background

Any other background, _____

Do you consider yourself to have a disability?

Yes No

If yes please describe:

Gender

Sexual orientation:

Heterosexual / Straight

Lesbian / Gay woman

Homosexual / Gay man

Bisexual

Prefer not to say

Date of Birth
