**Equality Monitoring Form**

**Ethnic background**

Please choose one category from A to E and then please mark X in the appropriate box to indicate your ethnic background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A White** |  | **B Mixed**  |  | **C Asian or Asian British** |  |
| English  |  | White & Black Caribbean |  | Indian |  |
| Irish |  | White & Black African |  | Pakistani |  |
| Scottish |  | White & Asian |  | Bangladeshi |  |
| Welsh  |  | Other |  | Other |  |
| Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **D Black or Black British** |  | **E Chinese or Other Ethnic Group** |  |
| Caribbean  |  | Chinese |  |
| African |  | Other |  |
|  |  |
| Other |  |

Do not wish to disclose

#### Disability

Do you consider yourself to be a disabled person? Yes No

If you have indicated yes please mark X in all the boxes that apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Hearing impairment  |  | Physical impairment  |   |
| Learning difficulty / disability |  | Visual impairment |   |
| Mental health issues |  | Do not wish to disclose  |
|  |  |  |

**Religion**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Muslim |  |
| Christian  |  | Sikh |  |
| Hindu |  | No active faith |  |
| Catholic |  |  |  |
| Jewish |  | Any other religion (please state) |  |
| Do not wish to disclose  |
|  |

**Sexual orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Lesbian |  |
| Gay |  | Bisexual |  |
| Do not wish to disclose |  | Other (please write in your preferred description) |  |