

Code -

EQUAL OPPORTUNITIES MONITORING FORM

**Information on this page will be used only for monitoring purposes only.
Internal Form 1**

Date of Birth:

Gender: Male Female

Please indicate whether you consider yourself (tick all that apply)

Please specify your nationality:

White	<input type="checkbox"/>
Black	<input type="checkbox"/>
African	<input type="checkbox"/>
Asian	<input type="checkbox"/>

Caribbean	<input type="checkbox"/>
UK European	<input type="checkbox"/>
Other European	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>

Are you:

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Living with partner	<input type="checkbox"/>

Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Other please specify	<input type="checkbox"/>

Disability

The Disability Discrimination Act 1995 defines disability as a “physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities”.

Do you have any disability you would like us to consider? Yes/No.

If Yes, what is the nature of your disability?

Do you have any children? Yes/No. If yes, please list number and ages: