**Equal Opportunities Monitoring Form**

This form will only be used for compiling and monitoring our statistics.

**A: Are You?** Male Female Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rather not say

**B: Is this the gender you were assigned at birth?**  Yes No Rather not say

**C: Please circle your age range**

18-25 26-30 31-35 36-40 41-45 46-50

 51-55 56-60 61-65 over 65 Rather not say

**D: Do you consider yourself to have a disability?**  Yes No

*If yes, do you experience:*

Mental Health Issues Learning Difficulties Physical Disabilities

Long Term Illness Other Rather not say

**E: Are you?** Currently Employed Self-Employed Unemployed

Student Retired Unable to Work

Other (Please specify

**F: How would you describe your Ethnic Group?**

White

White British White Irish White other background (please tell us): \_\_\_\_\_\_\_\_\_

Mixed

Any mixed background (please tell us): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black

Black African Black Caribbean Black other background (please tell us): \_\_\_\_\_\_\_\_\_

Asian

Indian Pakistani Bangladeshi Chinese Japanese

Other Asian background (please tell us):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

Other background (please tell us): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rather not say