**EQUAL OPPORTUNITIES MONITORING FORM**

**(Please see Guidance Notes and Equal Opportunities Policy**

**for more information.)**

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| **Title (Mr / Mrs / Miss / Ms / Dr / etc)** |  |
| **Surname** |  | **First name** |  |
| **Date of Birth** |  | **Gender**  |  |

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| **ETHNIC ORIGIN**  |
| **White** | **Black or Black British** |
|  | British |  | Caribbean |
|  | Irish |  | African |
|  | Gypsy or Irish Traveller |  | Other black background (describe below) |
|  | Other white background (describe below) |  | Arab |
| **Asian or Asian British** | **Mixed** |
|  | Indian |  | White & black Caribbean |
|  | Pakistani |  | White and black African |
|  | Bangladeshi |  | White and Asian |
|  | Chinese |  | Other mixed background |
|  | Other Asian background (describe below) |  | Any other ethnic group (describe below) |
| **Description** |

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| **PHYSICAL DISABILITY AND MENTAL HEALTH** |
| Do you consider yourself to have a physical or sensory disability? | YES |  | NO |  |
| Do you consider yourself to have a Learning Disability? | YES |  | NO |  |
| Do you consider yourself to have a disability relating to your mental health? | YES |  | NO |  |