###

### EQUAL OPPORTUNITIES MONITORING FORM

**What is your age?**

( ) 0 – 19

( ) 20 – 34

( ) 35 – 49

( ) 50 – 64

( ) 65+

( )Prefer not to say

**How would you describe your ethnic origin?**

These codes have been devised by the Government’s Census of Population and are recommended by the Home Office.

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background:

**SECTION A: WHITE**

( ) BRITISH

( ) IRISH

( ) ANY OTHER WHITE BACKGROUND, PLEASE WRITE IN

**SECTION B: MIXED**

( ) WHITE AND BLACK CARIBBEAN

( ) WHITE AND BLACK AFRICAN

( ) WHITE AND ASIAN

( ) ANY OTHER MIXED BACKGROUND, PLEASE WRITE IN

**SECTION C: ASIAN OR ASIAN BRITISH**

( ) INDIAN

( ) PAKISTANI

( ) BANGLADESHI

( ) ANY OTHER ASIAN BACKGROUND, PLEASE WRITE IN

**SECTION D: BLACK OR BLACK BRITISH**

( ) CARIBBEAN

( ) AFRICAN

( ) ANY OTHER BLACK BACKGROUND, PLEASE WRITE IN

**SECTION E: CHINESE OR OTHER ETHNIC GROUP**

( ) CHINESE

( ) ANY OTHER ETHNIC GROUP, PLEASE WRITE IN

**Do you identify as**
( ) Female
( ) Male
( ) Transgender
( ) Non-binary
( ) Prefer not to say
( ) Not known
( ) Other; please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a disability or long term health condition?**
( ) Disabled person (including dead or those with long term health conditions, etc)
( ) Neuro Diverse
( ) Learning disabled
( ) Non-disabled
( ) Prefer not to say
( ) Not known
( ) Other