

## EQUAL OPPORTUNITIES MONITORING

*This form will be detached from your application and will be used for monitoring and statistical purposes only.*

*I would describe my race or cultural origin as:*

<i>White or White British</i>			
<input type="checkbox"/> English, Scottish, Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other _____	
<i>Black or Black British</i>			
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other _____	
<i>South Asian or South Asian British</i>			
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____
<i>East Asian or East Asian British</i>			
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other _____		
<i>Other ethnic group</i>			
<input type="checkbox"/> Other (please specify) _____			

*Do you consider yourself to be a disabled person?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*Are you:*

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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*My age is:*

<input type="checkbox"/> Under 16	<input type="checkbox"/> 16-19	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60+
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*This information will be treated in confidence. Thank you for completing your application.*