

Equal Opportunity Monitoring Form

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ETHNIC ORIGIN: How would you describe your ethnic origin? (tick one box)

- | | | | | |
|--|--|---|---|--|
| (a) WHITE | (b) MIXED | (c) ASIAN OR
ASIAN BRITISH | (d) BLACK OR
BLACK BRITISH | (e) OTHER ETHNIC
GROUPS |
| <input type="checkbox"/> British | <input type="checkbox"/> White and
Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and
Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Any other
ethnic group |
| <input type="checkbox"/> Any other
White background | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black
background within (d) | |
| | <input type="checkbox"/> Any other
mixed background | <input type="checkbox"/> Any other Asian
background within (c) | | |

GENDER PREFERENCE: I would describe myself as: (tick one box)

- Lesbian Homosexual Bisexual Trans-gender Heterosexual I do not wish to respond to this question