

# Equal Opportunity Monitoring Form

## Equal Opportunity Monitoring Form

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

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