

# EQUAL OPPORTUNITIES MONITORING FORM

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_

Please mark with a "X" the boxes which describe you.

1. I am female  male

2. I have a disability YES  NO

Please describe your disability \_\_\_\_\_

I am registered disabled YES  NO

If YES please advise registration number \_\_\_\_\_

ETHNIC ORIGIN – Please note the following are the main classification categories used by the Census 2001. Please specify at the end how you would describe yourself if this differs from the choices given.

3.	Black or Black British-Caribbean	<input type="checkbox"/>	
	Black or Black British-African	<input type="checkbox"/>	
	Other Black Background	<input type="checkbox"/>	Please specify _____
	Asian or Asian British-Indian	<input type="checkbox"/>	
	Asian or Asian British-Pakistani	<input type="checkbox"/>	
	Asian or Asian British-Bangladeshi	<input type="checkbox"/>	
	Chinese	<input type="checkbox"/>	
	Other Asian Background	<input type="checkbox"/>	Please specify _____
	Mixed – White and Black Caribbean	<input type="checkbox"/>	
	Mixed – White and Black African	<input type="checkbox"/>	
	Mixed – White and Asian	<input type="checkbox"/>	
	Irish Traveller	<input type="checkbox"/>	
	White - British	<input type="checkbox"/>	
	- Irish	<input type="checkbox"/>	
	- Scottish	<input type="checkbox"/>	
	Other White Background	<input type="checkbox"/>	Please specify _____
	Other Ethnic Background	<input type="checkbox"/>	Please specify _____
	Other Mixed Background	<input type="checkbox"/>	Please specify _____