

Your name:

Job title/number:

### Monitoring information

We will treat your answers as strictly confidential and will only use the information you provide for monitoring purposes. We will use the information you provide on this form to produce anonymous statistics to help us with equal opportunities.

Sex: Male ☐ Female ☐

Date of Birth:

How would you describe yourself (categories are based on the 2001 census)?

A **White** British ☐ Irish ☐

Other ☐ (Please give details) .....

B **Mixed** White and black Caribbean ☐ White and black African ☐ White and Asian ☐

Other mixed group ☐ (Please give details) .....

C **Asian or Asian British** Indian ☐ Pakistan ☐ Bangladeshi ☐ Tamil ☐

Other Asian ☐ (Please give details) .....

D **Black or black British** Caribbean ☐ African ☐

Other black background ☐ (Please give details) .....

E **Chinese or other ethnic group** Chinese ☐

Any other ethnic group ☐ (Please give details) .....

Have you had any of the following difficulties? (Please tick)

|                      |                               |                                   |                                 |
|----------------------|-------------------------------|-----------------------------------|---------------------------------|
| Diabetes             | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Dyslexia             | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Hearing difficulties | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Deafness             | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Speech difficulties  | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Visual difficulties  | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Blindness            | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Limited use of limbs | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> |
| Use of a wheelchair  | <input type="checkbox"/>      |                                   |                                 |

Do you consider yourself to have a disability? (The Disability Discrimination Act defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities').

Yes ☐ No ☐ Prefer not to say ☐

If your disability is not covered by conditions shown above, please describe it here:

.....

.....

What is your religion (categories are based on the 2001 census)?

No ☐ Christian ☐ Buddhist ☐ Hindu ☐ Muslim ☐ Jewish ☐ Sikh ☐ (Please give details) .....

What is your sexuality (categories are based on the 2001)

Heterosexual ☐ Homosexual ☐ Bisexual ☐ Prefer not to say ☐