



EQUAL OPPORTUNITIES MONITORING FORM

Please complete the form and place in the envelope provided marked private and confidential and send it back with your completed application form. The information will be anonymous and kept in strict confidence. It will be held in a secure place and only appropriate access will be permitted. This will not be seen by anyone involved in the selection process and will not affect any selection decisions.

Do you consider yourself to be disabled person?	Yes	
	No	
If yes, please state disability:		

How would you describe your sexual orientation?

Lesbian/Gay woman	Heterosexual	Bisexual	Trans-sexual	Other
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White	British	Irish	Other
Mixed	White and Black Caribbean		
	White and Black African		
	White and Asian		
	Other		
Asian or Asian British	Indian		
	Pakistani		
	Bangladeshi		
	Other		
Black or Black British	Caribbean		
	African		
	Other		
Chinese or other Ethnic group	Chinese		
	Other		
Refused to answer			

Please tick your appropriate age range

16-18	30+	60+
19-25	40+	
26-30	50+	