# **EQUAL OPPORTUNITIES FORM**

Please fill in the blanks and circle the points that apply to you or if you are filling in this form digitally delete categories that do not apply to you. Please feel free to leave anything without answer if you would prefer not to say.

# **Personal details**

|  |  |
| --- | --- |
| Age: …... |       |

# **Gender**

Please write gender you identify as: …...

# **Diversity**

# Please select the ethnic category that best represents you. As you make your decision, please think about what ethnic group means to you, that is, how you see yourself. Your ethnicity is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.

# **White**

|  |  |  |
| --- | --- | --- |
|    | British |  |
|  | Irish |  |
|    | Any other White background, please state: …... |       |

# **Asian or Asian British**

|  |  |  |
| --- | --- | --- |
|    |  Asian Bangladeshi |  |
|    |  Asian Indian |  |
|    |  Asian Pakistani |  |
|    |  Any other Asian background, please state: …... |       |

# **Black or Black British**

|  |  |  |
| --- | --- | --- |
|    |  Black African |  |
|    |  Black Caribbean |  |
|    |  Any other Black background, please state: …... |       |

# **Chinese or other ethnic group**

|  |  |  |
| --- | --- | --- |
|    |  Chinese |  |
|    |  Any other, please state: …... |       |

# **Dual Heritage**

|  |  |  |
| --- | --- | --- |
|    |  Dual Asian and White |  |
|    |  Dual Black African and White |  |
|    |  Dual Black Caribbean and White |  |
|    |  Dual Chinese and White |  |
|    |  Any other background, please state: …... |       |

# **Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
|    |  Yes / No |

# **Please tick the sexual orientation category that best represents you.**

|  |  |
| --- | --- |
|    |  Lesbian  |
|    |  Gay |
|    |  Bisexual |
|    |  Heterosexual |
|    |  Prefer not to say  |

# **Please tick the marital status category that best represents you.**

|  |  |
| --- | --- |
|    |  Single |
|    |  Married / Civil Partnership |
|    |  Co-habiting |
|    |  DivorcedSeperatedWidowed |

# **Do you have dependants?**

# Dependants might include children, the elderly,

# or other people who rely on you for care.

|  |  |
| --- | --- |
|    |  Yes / No |