



Equal Opportunities Monitoring Form

To check on the effectiveness of our equal opportunities policy we would be grateful if you would provide the following details about yourself.

The information that you provide will be kept secure and separate from any other documentation. If you do not want to answer the questionnaire, this will not affect you in any way.

You can also choose to complete the form anonymously if you prefer, if so simply leave the "Name box" blank.

Please tick the boxes that apply to you.

Name:

Gender:

Male Female

Marital Status:

Single Divorced
Married Widowed Separated

Ethnic Origin

Would you describe your ethnic origin as:

White (please specify below)
Scottish Other British Irish

Any other white background

Mixed

(continued overleaf)

Asian, Asian Scottish or Asian British (please specify below)

Indian Pakistani Bangladeshi Chinese

Any other Asian background

Black, Black Scottish or Black British (please specify below)

Caribbean African Any other Black background

Gypsy/Traveller

Disability

Do you consider yourself as having a disability? Yes No

Are you registered disabled or in receipt of a disability Benefit? Yes No

Date

For Office Use only:

Application Ref. No:

Date received: