EQUAL OPPORTUNITIES FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Are you?** | Male |  | Female |  | Transgender |  |
| **2** | **Do you consider yourself to have a disability?** |  |  |
| If Yes, what is the nature of your disability? (Please tick box) |
| Physical Impairment | Wheelchair User |  |
| Mobility Impairment |  |
| Other |  |
| Sensory Impairment | Sight |  |
| Hearing |  |
| Other |  |
| Mental Impairment | Learning disability |  |
| Other |  |
| **Are you Registered disabled?** |  |  |
| **3** | **How would you describe yourself? (**please tick one box) |
| White: | British |  |
| Irish |  |
| Any other White background |  |
| Asian or Asian British: | Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background |  |
| Black or Black British: | African |  |
| Caribbean |  |
| Any other Black background |  |
| Chinese: |  |  |
| Mixed: | White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Any other mixed background |  |
| Any other ethnic group? | Please specify: |  |
| **4** | **Please describe the main religion of your household** |
| Baha’i |  | Hinduism |  | Scientology |  |
| Buddhism |  | Islam |  | Shinto |  |
| Christian |  | Jainism |  | Sikhism |  |
| Confucianism |  | Judaism |  | Zoroastrian/Parsi |  |
| Daoism |  | Rastafarianism |  | Other/No Religion |  |
| **5** | **How best would you describe your sexual orientation** |
| Opposite sex |  | Same sex |  | Both sexes |  |
| **6** | **Declaration** |
| **I agree this information may be kept and used to help you to monitor and develop services that****ensure full equality of opportunity.** |
| **OR** |
| I would prefer not to give this information |
| **Signed:** |  | **Date:** |  |