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:** | | |  | | |