

EQUAL OPPORTUNITIES MONITORING

It would be helpful if you would complete the following information, which is not compulsory.

How would you describe your ethnic origin?

White Scottish White Irish White Other British White (other)

Black (Caribbean) Black (African) Black (other)

Asian Indian Asian Pakistani Asian Bangladeshi Asian Chinese Asian (other)

Mixed Other

Please indicate your age group:

AGE GROUP	
16 to 21 years	<input type="checkbox"/>
22 to 34 years	<input type="checkbox"/>
35 to 44 years	<input type="checkbox"/>
45 to 54 years	<input type="checkbox"/>
55 to 65 years	<input type="checkbox"/>
Over 65 years	<input type="checkbox"/>

Do you consider that you have a disability? Yes/No

Gender: Male Female