**Equal opportunities monitoring form**

*Confidential*

|  |  |  |
| --- | --- | --- |
|  | *✓ Please tick as appropriate* | |
|  | **Male** | **Female** |
| **African** |  |  |
| **Asian** |  |  |
| **Caribbean** |  |  |
| **Chinese** |  |  |
| **White European** |  |  |
| **White Other** |  |  |
| **If other (Please specify below)** |  |  |
|  |  |  |
|  | | |

**Disability**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | | **No** |
| **Do you consider you have a disability** |  | |  |
| **If yes, which of the following descriptions best describes your disability?** | | *✓ Please tick as appropriate* | |
| Visual (NOT including wearing glasses or contact lenses) | |  | |
| Co-ordination, dexterity or mobility | |  | |
| Speech | |  | |
| Hearing | |  | |
| Combination of above or other medical condition  (Please specify below) | | | |
|  | | | |

**Thank you for taking the time to complete this form**