

Equal Opportunities Monitoring Form

Gender

- Female Male Non-binary
 Intersex Prefer not to say Prefer to self-describe as _____

Gender Identity - Is your gender the same now as it was assigned at birth?

- Yes No Prefer not to say

Age

- 18 – 29 30 – 39 40 – 49 50 – 59 60 – 69 70+ Prefer not to say

Sexual Orientation

- Bisexual Gay / Lesbian Straight / Heterosexual Prefer not to say
 Prefer to self-describe as _____

Do you identify as D/deaf, and/or do you consider yourself to have a disability or long-term health condition?

- I am D/deaf I have a disability / long term health condition No Prefer not to say

Religion / Belief

- Buddhist Christian Hindu Jewish Muslim Sikh
 No religion Other: _____ Prefer not to say

Ethnic Origin - Please tell us about your ethnic origin:

South Asian / South Asian British

- Indian Pakistani Bangladeshi Any other South Asian background

East Asian / East Asian British (including South East Asian / South East Asian British)

- Chinese Japanese Any other East Asian background

Black / African / Caribbean / Black British

- African Caribbean Any other Black / African / Caribbean background

Mixed / Multiple ethnic groups

- White and Black Caribbean White and Black African White and Asian
 Any other Mixed/Multiple ethnic background

White

- English / Welsh / Scottish / Northern Irish / British Irish
 Gypsy or Irish Traveller Roma Any other White background

Other ethnic group

- Arab Any other ethnic group Prefer not to say