**Equality Monitoring Form**

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| **Applicant No: Date:**    *Office use only* |

**Please tick any boxes that are applicable to you.**

|  |  |  |  |
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| **White** |  | **Asian or Asian British** |  |
| White British |  | Pakistani |  |
| White Irish |  | Indian |  |
| Polish |  | Bangladeshi |  |
| Slovakian |  | Sri Lankan |  |
| White other  *Please state if you wish:* |  | Asian other  *Please state if you wish:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Black or Black British** |  | **Mixed** |  |
| African  *Please state country if you wish:* |  | White and Asian |  |
| Caribbean |  | White and Black African |  |
| Black British |  | White and Caribbean |  |
| Black other  *Please state if you wish:* |  | Mixed other  *Please state if you wish:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Ethnic Group** |  |  |  |
| Arabic |  | Gypsy |  |
| Yemeni |  | Traveller |  |
| Chinese |  |  |  |
| Other  *Please state if you wish:* |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion/Belief** |  | **Disability** |  |
| What is your religion/belief? |  | Do you have accessibility needs?  *Please state if you wish:* |  |
| No religion |  | Do you have a disability? |  |
| Prefer not to say |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** |  | **Sexual Orientation** |  |
| Female |  | Gay |  |
| Male |  | Straight |  |
| Transgender |  | Lesbian |  |
| Other |  | Bi-sexual |  |
| Prefer not to say |  | Other |  |
|  |  | Prefer not to say |  |

|  |  |
| --- | --- |
| **Age** | |
| **Date of birth:** |  |