**Equal Opportunities Form (Optional)**

This part of the application is confidential and for monitoring purposes only. It will not be viewed by those who are considering your application.

**Gender:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer not to say |  |

**Disability**:

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**Ethnicity:**

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, Asian Welsh or Asian Irish

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Other Asian Background |  |  |  |  |  |

Black, Black British, Black English, Black Scottish, Black, Welsh or Black Irish

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other Black Background |  |

Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Chinese Irish

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Other Chinese Background |  |

Mixed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White & Black African |  | White & Black Caribbean |  | White & Asian |  | Other Mixed Background |  |

Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other |  | *Please state:* | | |
| Prefer not to say | | |  |

White

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White-English |  | White-Welsh |  | White-British |  | White Non-European |  |
| White-Scottish |  | White-Irish |  | White-European |  | Other White background |  |

**Your religion or belief:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhism |  | Judaism |  | Other (please specify below) |  |
| Christianity |  | Islam |  | Prefer not to say |  |
| Hinduism |  | No religion |  | Sikhism |  |

**Your sexual orientation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bi-sexual |  | Heterosexual/straight |  | Gay man |  |
| Gay woman |  | Other (specify if you wish) |  | Prefer not to say |  |