**Equal Opportunities Monitoring Form**

**Gender Identity:**

Female

Male

Non-binary

Prefer not to say

**Sexual Orientation:**

Bisexual

Gay Man

Gay Woman/Lesbian

Heterosexual/Straight

Prefer not to say

**I would describe my ethnic origin as:**

|  |  |
| --- | --- |
| **A: White**  British  Irish  Gypsy or Traveller  Any other White Background  **B: Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/Multiple Ethnic  **C: Asian or Asian British**  Indian   Pakistani  Bangladeshi  Chinese | **D**: **Black or Black British**  African  Caribbean  Any other Black/African/Caribbean  **E: Other**  Arab  Any other ethnic Group  Prefer not to say |

**Do you identify as disabled?**

Yes

No

Prefer Not to Say

**If you identify as disabled, how would you describe your disability?**

Visual Impairment

Hearing Impairment/Deaf

Physical Disabilities

Physical Disabilities

Cognitive or learning Disabilities

Mental Health condition

Other Long term/Chronic Conditions