



Equal Opportunities Monitoring Form

We are committed to maintaining equal opportunities. To help us do this, please complete this form. All personal data supplied are processed in accordance with the Data Protection Act 1998. Completion of this form is seen as your particular permission for processing of the sensitive personal data appropriately.

Gender: Male/Female

Date of Birth:

Disability:

The definition of disability as outlined in the Disability Discrimination Act, 1995 is as follows:

“A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.”

Do you consider yourself to be disabled? Yes/No

If YES, which of the following best describes your disability?

- **Visual** (NOT including wearing glasses or contact lenses)
- **Co-ordination, dexterity or mobility**
- **Mental Health**
- **Learning Difficulties**
- **Speech**
- **Hearing**
- **Other physical or medical conditions – please specify:**

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Do you have any special requirements concerning your disability?

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Please place a tick by the category that best describes your ethnic origin:

1. White:

- **British**
- **Irish**
- **Any other white background – please specify:**

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2. Black or Black British:

- **African**
- **Caribbean**
- **Any other black background – please specify:**

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3. Mixed

- **White & Asian**
- **White & Black African**
- **White & Black Caribbean**
- **Any other mixed background – please specify:**

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4. Asian or Asian British

- **Bangladeshi**
- **Indian**
- **Pakistani**
- **Any other Asian background – please specify:**

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5. Chinese

6. Other Ethnic Group – please specify:

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