

Diversity monitoring form



Please tick all sections that apply to you and return with your application.

How old are you?

Are you Male Female

- | | | |
|---|---|--|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Travellers |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Any other Mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other (please specify): |

Do you consider yourself to have a disability? Yes No

Please tick all that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visual impaired | <input type="checkbox"/> Other physical impairment |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> All types of disability (please specify): | |

Please tick all that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Still in school or college | <input type="checkbox"/> Working full-time | <input type="checkbox"/> Working part-time |
| <input type="checkbox"/> No longer in school or college | <input type="checkbox"/> In training/apprenticeship | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other (please specify) | |
