**Equal Opportunities Monitoring Form**

Any information provided will remain anonymous and confidential.

**Question 1: Sex**

* Male
* Female
* Non-binary
* Other (please specify if you wish)
* Prefer not to say

Do you have a gender identity different to the sex you were assumed at birth?

* Yes
* No
* Prefer not to say

**Question 2: Sexual orientation**

* Bisexual
* Gay Man
* Gay Woman / Lesbian
* Heterosexual / Straight
* Other
* Prefer not to say

**Question 3: Age**

* 0 -19
* 20-34
* 35-49
* 50-64
* 65+
* Prefer not to say

**Question 4: Ethnic Group**

**White**

* British
* Irish
* Gypsy or Irish Traveller
* Other white background

**Mixed Race**

* White & Black Caribbean
* White & Black African
* White & Asian
* Other mixed background

**Asian or Asian British**

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Other Asian background

**Black or Black British**

* Caribbean
* African
* Other Black background

**Other ethnic group**

* Arab
* Any other ethnic group
* Prefer not to say

**Question 4: Disability**

* Identify as a deaf or disabled person, or have a long-term health condition
* Non-disabled
* Prefer not to say

Thank you for completing this form.