



Equal Opportunity Monitoring

The information that you provide will be for the purpose of ensuring that the company properly monitors and confirm with its policies relating to quality and opportunity. All information will be held in the strictest confidence in accordance with the data protection legislation.

Please tick the following as appropriate:

I consider myself:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Other

Ethnic Origin

<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mix ed	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>	European	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
<input type="checkbox"/>	British White	<input type="checkbox"/>	European Other	<input type="checkbox"/>	Pilipino	<input type="checkbox"/>
<input type="checkbox"/>	British Other	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>		<input type="checkbox"/>

If other please specify

Please indicate your age in the ranges below

<input type="checkbox"/>	16-21	<input type="checkbox"/>	22-25	<input type="checkbox"/>	26-30	<input type="checkbox"/>
<input type="checkbox"/>	31-35	<input type="checkbox"/>	36-40	<input type="checkbox"/>	41-50	<input type="checkbox"/>
<input type="checkbox"/>	51-60	<input type="checkbox"/>	61-65	<input type="checkbox"/>		<input type="checkbox"/>

Discrimination Act 1995

Do you consider that you have a disability: YES/NO

If Yes, please indicate the nature of the

disability:.....

Is this a registered disability: YES/NO

If YES, what is your registration number:.....