

<p>Please Check <input checked="" type="checkbox"/></p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>Ethnicity</p> <p>White</p> <p><input type="checkbox"/> British (WB)</p> <p><input type="checkbox"/> Irish (WI)</p> <p><input type="checkbox"/> Any other white background (WO)</p> <p>Please specify:</p>
<p>Marital Status</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved</p> <p><input type="checkbox"/> In a registered same-sex civil partnership</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Never married and never registered a same sex civil partnership</p> <p><input type="checkbox"/> Separated, but still legally in a same-sex civil partnership</p> <p><input type="checkbox"/> Separated, but still legally married</p> <p><input type="checkbox"/> Surviving partner from a same-sex civil partnership</p> <p><input type="checkbox"/> Widowed</p>	<p>Black</p> <p><input type="checkbox"/> British (BB)</p> <p><input type="checkbox"/> African (BA)</p> <p><input type="checkbox"/> Caribbean (BC)</p> <p>Please specify:</p> <p>Asian</p> <p><input type="checkbox"/> British (ABR)</p> <p><input type="checkbox"/> Bangladeshi (AB)</p> <p><input type="checkbox"/> Indian (AI)</p> <p><input type="checkbox"/> Pakistani (AP)</p> <p><input type="checkbox"/> Any other asian background (AO)</p> <p>Please specify:</p>
<p>Caring Responsibilities</p> <p>Do you have caring responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate either:</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Adult</p> <p>A carer is defined as someone who:“.. cares for, or expects to care for, a husband, wife or partner, a relative such as a child, uncle, sister, parent-in-law, son-in-law or grandparent, or someone who falls into neither category but lives at the same address as the carer.”</p>	<p>Traveller</p> <p><input type="checkbox"/> Irish Traveller (IT)</p> <p><input type="checkbox"/> Gypsy (G)</p> <p><input type="checkbox"/> Romany (R)</p> <p><input type="checkbox"/> Any other traveller background (TO)</p> <p>Please specify:</p>
<p>Sexual Orientation</p> <p>This information will help us to monitor the workforce and the effectiveness of our Equalities Policies. Which of these best describe your sexual orientation?</p> <p><input type="checkbox"/> BI-sexual</p> <p><input type="checkbox"/> Gay man</p> <p><input type="checkbox"/> Heterosexual/Straight</p> <p><input type="checkbox"/> Lesbian/Gay woman</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>Faith/Religion</p> <p>Which of the following religious groups, if any, do you identify with?</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>

Impairment or Disability

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? e.g. a physical and/or mental impairment, which has a substantial and long-term adverse effect on your ability to undertake day to day activities.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please indicate below:			
Visual impairment <input type="checkbox"/>	Speech impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	
Wheelchair user <input type="checkbox"/>	Restricted mobility <input type="checkbox"/>	Mental health issues <input type="checkbox"/>	
Learning difficulty <input type="checkbox"/>	Other impairment, please specify:		
Do you need an accessible (car) parking bay?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please return your completed form to email

Name	
Signature	
Date	