



Equal Opportunities Form

1. What is your gender?

- Female Male Trans-female Trans-male Prefer not to say
 Other (please specify)

2. Is this the same gender as you were assigned at birth?

- Yes No

3. How would you describe yourself? (you can mark more than one option)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian British | <input type="checkbox"/> East Asian Chinese | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> East Asian Japanese | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> East Asian Korean | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> South East Asian | <input type="checkbox"/> White English |
| <input type="checkbox"/> Any other Asian background
(please specify below) | <input type="checkbox"/> Any other East Asian background
(please specify below) | <input type="checkbox"/> White Scottish |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Other ethnic group (please specify
below) | <input type="checkbox"/> White Welsh |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Mixed Heritage (please specify
below) | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Any other black background
(please specify below) | <input type="checkbox"/> White & East Asian | <input type="checkbox"/> Any other white background
(please specify below) |
| <input type="checkbox"/> East Asian British | <input type="checkbox"/> White & Black British | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify) | | |

4. What is your sexual orientation?

- Bisexual Gay Woman/Lesbian Other
 Gay man Heterosexual/Straight Prefer not to say

5. Please confirm which of the following age brackets you fit into

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="radio"/> 0 - 19 years | <input type="radio"/> 50 - 59 years | <input type="radio"/> 90 - 99 years |
| <input type="radio"/> 20 - 29 years | <input type="radio"/> 60 - 69 years | <input type="radio"/> 100 + years |
| <input type="radio"/> 30 - 39 years | <input type="radio"/> 70 - 79 years | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 40 - 49 years | <input type="radio"/> 80 - 89 years | |

6. What is your current relationship status?

- | | | |
|---|--------------------------------|---|
| <input type="radio"/> Married | <input type="radio"/> Single | <input type="radio"/> In a relationship |
| <input type="radio"/> Civil Partnership | <input type="radio"/> Divorced | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Co-Habiting | <input type="radio"/> Widowed | |

7. What is your religion or belief system?

- | | | |
|--|---|---|
| <input type="radio"/> Buddhist | <input type="radio"/> Muslim | <input type="radio"/> Atheist |
| <input type="radio"/> Christian | <input type="radio"/> Sikh | <input type="radio"/> Agnostic |
| <input type="radio"/> Hindu | <input type="radio"/> Other religion or belief (please specify below) | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Jew | <input type="radio"/> No religion | |
| <input type="radio"/> Other (please specify) | | |

8. Do you consider yourself to have a disability or long term health condition?

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

9. If you answered yes to Question 8, do you have any access requirements?

10. Socio-economic Status: Please indicate which socio-economic group you perceive you belong to at this stage in your life?

(This is often defined as working class, middle class, upper class but please don't feel limited by these definitions)