



## 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<br>(please specify below) | <input type="checkbox"/> Any other East Asian background<br>(please specify below) | <input type="checkbox"/> White Scottish                                       |
| <input type="checkbox"/> Black British  | <input type="checkbox"/> Other ethnic group (please specify<br>below)              | <input type="checkbox"/> White Welsh  |
| <input type="checkbox"/> Black African  | <input type="checkbox"/> Mixed Heritage (please specify<br>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<br>(please specify below) | <input type="checkbox"/> White & East Asian  | <input type="checkbox"/> Any other white background<br>(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?

- |                                |   |   |
|--------------------------------|---|---|
| <input type="radio"/> Bisexual | <input type="radio"/> Gay Woman/Lesbian     | <input type="radio"/> Other             |
| <input type="radio"/> Gay man  | <input type="radio"/> Heterosexual/Straight | <input type="radio"/> 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. Do you have care responsibilities for any of the following?**

- |  |  |   |   |
|--|--|---|---|
| <input type="radio"/> Dependent children | <input type="radio"/> Other dependents | <input type="radio"/> I have no care responsibilities | <input type="radio"/> Prefer not to say |
|--|--|---|---|

**11. If you answered yes to Question 10, please detail any challenges or barriers that you face in the workplace as a result of your care responsibilities?**