

Committed to Equal Opportunities

Name:

Please complete the tick boxes below.....

Disability

The Disability Discrimination Act defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.

Taking this into account, do you consider yourself to be a disabled person?

Yes

No

Ethnic Origin

Which group do you identify with? Please tick one box. The options are listed alphabetically.

Asian

Bangladeshi
Indian
Pakistani

Any other Asian Background (specify if you wish)
Chinese

Any Chinese Background (specify if you wish).....

White

White Background
(specify if you wish)

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Black

African
Caribbean
Any other Black Background (specify if you wish)

Mixed Ethnic Background

Asian and White

Black African and White
Black Caribbean and White
Any Other Mixed Ethnic Background
(specify if you wish).....

Any Other Ethnic Background

Any Other Ethnic Background
(specify if you wish)

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Thank you