**Equal Opportunities**

We ask you to provide the following information for monitoring purposes. Responses from all applicants are counted, summarised and reported as a whole. Individual responses are not reported or published.

|  |  |  |  |
| --- | --- | --- | --- |
| How would you describe your gender? | Male [ ]  | Female [ ]  | Other [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your age group? | Up to 25 [ ]  | 26-40 [ ]  | 41-55 [ ]  | 56 and over [ ]  |

|  |  |
| --- | --- |
| Which ethnic group do you associate yourself with? | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability or long-term health condition? | Yes [ ]  | No [ ]  |
| Nature of disability or health condition | Click here to enter text. |