

CONFIDENTIAL

THE FOLLOWING QUESTIONNAIRE MUST BE COMPLETED BY ALL APPLICANTS

ETHNIC MONITORING QUESTIONNAIRE

Your answers to the questions below will not affect your assessment. Please complete this part of the form.

Do you have a disability or special learning need? Yes No

If yes, please indicate your disability

Partially Sighted	<input type="checkbox"/>	Blind	<input type="checkbox"/>	Hard of Hearing	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	Wheelchair User	<input type="checkbox"/>	Physically Disabled	<input type="checkbox"/>
Dyslexic	<input type="checkbox"/>	Other (please state)	_____		

What is your ethnic group?

British	<input type="checkbox"/>	European	<input type="checkbox"/>	African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Any other white group	<input type="checkbox"/>
Any other Asian group	<input type="checkbox"/>	Any other black group	<input type="checkbox"/>	Any other Ethnic group	<input type="checkbox"/>
Not stated	<input type="checkbox"/>				

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE