



## Equal Opportunities Monitoring Form

**Please note:**

This information will only be used for monitoring purposes and will be treated as Strictly Confidential.

**Date of Birth:**

**Age:**

**Ethnic Origin**

I would describe my ethnic origin as: *(Please tick as appropriate)*

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian British – Indian      | <input type="checkbox"/> Mixed White & Black African |
| <input type="checkbox"/> Asian or Asian British – Pakistani   | <input type="checkbox"/> Other Mixed background      |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Other British               |
| <input type="checkbox"/> Other Asian Background               | <input type="checkbox"/> White British               |
| <input type="checkbox"/> Black or Black British - Caribbean   | <input type="checkbox"/> White Irish                 |
| <input type="checkbox"/> Black or Black British - African     | <input type="checkbox"/> White Other                 |
| <input type="checkbox"/> Other Black Background               | <input type="checkbox"/> Chinese                     |
| <input type="checkbox"/> Mixed White & Asian                  | <input type="checkbox"/> Any Other Ethnic Background |
| <input type="checkbox"/> Mixed White & Black Caribbean        | <input type="checkbox"/> Prefer not to say           |

**Gender**    ☐ Male    ☐ Female

**Disability**

☐ I am a registered disabled person                      ☐ I consider myself to have a disability

**Date:**

Please return to:  
Claire Watkins, Volunteer Coordinator  
Onside Independent Advocacy  
Williamson House, 14 Charles Street,  
Worcester WR1 2AQ