

**EQUAL OPPORTUNITIES FORM**

**1. Please state your gender or how you identify:**…………………………………………………………………………… Rather not say

**2. Please highlight or circle your age range:**

16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65+ Rather not say

**3. Do you consider yourself to have a disability or impairment?**

Yes No Rather not say

If yes, please indicate below

Learning difficulties Mental health issue

Physical disability Other

Long term health issue ……………………………………………………….

**4. Please state how you identify your sexuality**

Heterosexual Homosexual Bi-sexual

Other self-defined Rather not say

………………………………………………………………………………………………………………………………………………….

**5. Please state how you identify your ethnic group:**…………………………………………………………………………… Rather not say

**6. Please state the religion you identify with:**…………………………………………………………………………… Not religious Rather not say

**7. Are you:**

Not currently employed Employed Self employed Student

Unable to work Retired Rather not say Other

…………………………………………………………………………………………………………………………………………………..