**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. | | |