

## EQUAL OPPORTUNITIES MONITORING FORM

Please tick the appropriate boxes below. The information provided in this form will be treated as strictly confidential and will be used for equal opportunities monitoring only. It will not be taken into consideration for the purposes of the short listing for or offering of mini-pupillages. If you do not wish to complete the form, it will not influence your application in any way.

### 1. Gender

Female                       Male

### 2. Disability

Do you consider yourself to be disabled within the meaning of the Disability Discrimination Act 1995?

Yes                       No

Please give details of any reasonable adjustments you consider yourself to need on a separate sheet.

### 3. Ethnic Origin

Please indicate which group best describes your ethnic origin:

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Other White	<input type="checkbox"/>
White/Black Caribbean	<input type="checkbox"/>
White/Black/African	<input type="checkbox"/>
White/Asian	<input type="checkbox"/>
Other Mixed	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Other Black	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>