

EQUALITIES MONITORING FORM

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN IT WITH YOUR APPLICATION FORM

EQUAL OPPORTUNITIES

In order that we can monitor and produce statistical analyses would you kindly please provide the information requested below. Your answers will be treated confidentially and will not affect your application for funding in any way. This part of the form will be retained by Officers within the Department of Administration and Leisure and will not be used in the assessment of your application.

I am MALE FEMALE DATE OF BIRTH: _____

Do you have a disability? YES NO Prefer not to answer

If YES, please give brief details

I would class myself as:

(Please tick one box only)

WHITE	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
MIXED	White/Black Caribbean	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	White/Asian	Other <input type="checkbox"/>
ASIAN or ASIAN BRITISH	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	Other <input type="checkbox"/>
BLACK or BLACK BRITISH	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>
CHINESE or OTHER ETHNIC GROUP	Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>		

If your application is being made on behalf of a group or organisation please could you provide the following additional information:

Total number of members:

Of your membership how many are male and female members?

MALE FEMALE

Of your membership how many members are with and without disabilities?

with a Disability without a disability prefer not to answer

Of your membership, how many members are:

under 25 years of age over 25 years of age

Is your membership: (please tick as many boxes that apply)

WHITE	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
MIXED	White/Black Caribbean	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	White/Asian	Other <input type="checkbox"/>
ASIAN or ASIAN BRITISH	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	Other <input type="checkbox"/>
BLACK or BLACK BRITISH	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>
CHINESE or OTHER ETHNIC GROUP	Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>		