**Equal Opportunities**

We would greatly appreciate you filling in the Equal Opportunities form below. Although there is no obligation to do so, it will enable Hearing Link to monitor its Equalities Policy.

Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of age, gender or disability. The categories below are recommended by the Commission of Racial Equality. This information is used for no other purpose and will be treated as strictly confidential.

1. **Gender b. Age**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Female |  | 16-19 |  | 25-34 |  | 45-54 |  | 65-74 |  |  |  |  |  |
| Male |  | 19-24 |  | 35-44 |  | 55-64 |  | 75+ |  |  |  |  |  |

1. **What is the ethnic group you consider yourself to belong to? (please tick one section, plus** **the box that corresponds** **to your cultural background)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White |  | Mixed Race |  | Black or |  | Asian or |  | Chinese or Other  |  |
|  |  |  |  | Black British |  | **Asian British** |  |  **Ethnic Group** |  |
|  |  |  |  |  |  |  |  |  |  |
| British |  | Asian and White |  | African |  | Bangladeshi |  | Chinese |  |
| Irish |  | Black African and White |  | Caribbean |  | Indian |  | Other  |  |
| Other white |  | Black Caribbean and White |  | Other black |  | Pakistani |  | (Please specify) |  |
| Background |  | Other mixed background |  |  background |  | Other Asian background |  |  |  |
|  |  |  |  |

**Any other racial group** (please specify)

1. **Do you regard yourself as disabled?** Yes No

 **Do you have hearing impairment?** Yes No

 **Do you have any other disabilities?** Yes No

 **If so, please give brief details**

**Name & Address (optional):**