**Gender**Male        Female       Prefer not to say

**Are you married or in a civil partnership?**Yes     No     Prefer not to say

**Age**16-24        25-29          30-34          35-39          40-44      45-49          50-5455-59      60-64          65+          Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English     Welsh     Scottish     Northern Irish       Irish

British      Gypsy or Irish Traveller     Prefer not to say

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean         White and Black African          White and Asian

Prefer not to say   Any other mixed background, please write in:

***Asian/Asian British***

Indian        Pakistani        Bangladeshi        Chinese        Prefer not to say

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African      Caribbean     Prefer not to say

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab        Prefer not to say      Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes           No         Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the Senior Clerk.

**What is your sexual orientation?**

Heterosexual       Gay woman/lesbian          Gay man          Bisexual

Prefer not to say         If other, please write in:

**What is your religion or belief?**

No religion or belief         Buddhist        Christian         Hindu         Jewish

Muslim      Sikh      Prefer not to say     If other religion or belief, please write in: