MONITORING INFORMATION

Please state your date of birth	
Please indicate your gender	☐ Male ☐ Female ☐ I do not wish to disclose this

Please indicate the option which best describes your marital status	
☐ Married ☐ Single ☐ Civil partnership ☐ Legally separated	☐ Divorced ☐ Widowed ☐ I do not wish to disclose this

Please indicate the option which best describes your sexual orientation	
☐ Lesbian ☐ Gay ☐ Bisexual	☐ Heterosexual ☐ I do not wish to disclose this

Please indicate your ethnic origin		
Asian or Asian British ☐ Bangladeshi ☐ Indian	**Mixed** ☐ White & Asian ☐ White & Black African	**Other Ethnic Group** ☐ Chinese ☐ Any other ethnic

☐ Pakistani ☐ Any other Asian background **Black or Black British** ☐ African ☐ Caribbean ☐ Any other Black background	☐ White & Black Caribbean ☐ Any other mixed background **White** ☐ British ☐ Irish ☐ Any other White background	group ☐ I do not wish to disclose this

Please indicate your religion or belief		
☐ Atheism ☐ Buddhism ☐ Christianity ☐ Hinduism	☐ Islam ☐ Jainism ☐ Judaism ☐ Sikhism	☐ Other ☐ I do not wish to disclose this

Do you consider yourself to have a disability?	☐ Yes ☐ No ☐ I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
☐ Physical impairment ☐ Sensory impairment ☐ Mental health condition	☐ Learning Disability/Difficulty ☐ Long-standing illness ☐ Other