

Equal Opportunities Monitoring Form 2026

Information requested on this page is for statistical and monitoring purposes only. The data will be securely stored by Registry and will not be passed on to any academic staff who will be involved in the assessment of your application. All information is recorded anonymously.

All questions on this form are optional to complete.

Program applied for:				
ETHNICITY Please select one of the following options:				
Asian - Bangladeshi <input type="checkbox"/>	Black - African <input type="checkbox"/>	Mixed - White and Asian <input type="checkbox"/>	White - English, Scottish, Welsh, Northern Irish or British <input type="checkbox"/>	Arab <input type="checkbox"/>
Asian - Chinese <input type="checkbox"/>	Black - Caribbean <input type="checkbox"/>	Mixed - White and Black African <input type="checkbox"/>	White - Gypsy or Traveller <input type="checkbox"/>	Any other ethnic background <input type="checkbox"/>
Asian - Indian <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Mixed - White and Black Caribbean <input type="checkbox"/>	White - Irish <input type="checkbox"/>	Not Known <input type="checkbox"/>
Asian - Pakistani <input type="checkbox"/>		Any other Mixed or Multiple ethnic background <input type="checkbox"/>	White - Roma <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Any other Asian background <input type="checkbox"/>			Any other White background <input type="checkbox"/>	
YOUR AGE AT THE START OF THE PROGRAM:				
WHAT IS YOUR SEX ASSIGNED AT BIRTH:				
DOES YOUR GENDER IDENTITY MATCH THE SEX YOU WERE ASSIGNED AT BIRTH:				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say				
RELIGION Please select one of the following that best represents you:				
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	No religion <input type="checkbox"/>		
Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Any other religion or belief <input type="checkbox"/>		
Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
SEXUAL ORIENTATION Please select the category that currently best represents you:				
Asexual <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Questioning or unsure <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Bisexual <input type="checkbox"/>	Heterosexual or straight <input type="checkbox"/>	Other sexual orientation not listed <input type="checkbox"/>		