



# What is your ethnic group?

Please tell us which of the groups listed below best describes you. Choose one section from A to E, then tick the appropriate box to indicate your ethnic group. This is not compulsory and answers will be treated confidentially. If you prefer not to answer, tick the “not stated” box at the bottom.

Your Name:
Your Date of Birth:

		<b><i>Please tick one box only</i></b>	<b>√</b>
<b>A: White</b>	Welsh, English, Scottish, Northern Irish, British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Gypsy or Traveller	<input type="checkbox"/>	<input type="checkbox"/>
	Any other White background (please write in).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>B: Mixed / Multiple Ethnic Groups</b>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Mixed background (please write in).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>C: Asian or Asian British</b>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Asian background (please write in).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>D: Black or Black British</b>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Black background (please write in).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>E: Other Ethnic Groups</b>	Arab	<input type="checkbox"/>	<input type="checkbox"/>
	Any other (please write in) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not stated</b>	I prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>