

**EQUAL OPPORTUNITIES MONITORING  
SELF-CLASSIFICATION FORM**

We hope you will assist us by completing this form. This information is being gathered to monitor the operation of Age Concern Morgannwg Ltd's Equal Opportunities policies and for no other reason. The data will be treated with the utmost confidentiality. It will not be taken into account in assessing your application as it is removed before your form is seen by staff responsible for appointing.

**GENDER**

Please tick appropriate box.

I am:  Male  Female

My partner is:  Male  Female

**ETHNIC ORIGIN**

How would you describe your ethnic origin?

Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. Please note the categories listed below are approved by the Commission for Racial Equality.

Please put a tick in one of the boxes:

- |                                          |                                                           |
|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White European  | <input type="checkbox"/> Pakistani                        |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Bangladeshi                      |
| <input type="checkbox"/> Black African   | <input type="checkbox"/> Chinese                          |
| <input type="checkbox"/> Black European  | <input type="checkbox"/> Any other group (please specify) |
| <input type="checkbox"/> Indian          |                                                           |

**MARITAL STATUS**

Please tick appropriate box.

I am:  Married  Widowed  Separated  
 Single  Divorced  Living with partner

**DISABILITY**

Please tick appropriate box.

I am:  Registered disabled  Disabled but not registered  
 Not disabled

**AGE**

Please tick appropriate box.

I am:  18-24  25-34  35-44  
 45-54  55-64  65+