

## West London Story Bursary – Equal Opportunities Monitoring Form

Please complete this form in order to allow us to monitor the effectiveness of our Equal Opportunities Policy. All the information will be treated in the strictest confidence.

- 1 Age -
- 2 Male / Female
- 3 Do you consider yourself to have a disability or health problem that significantly affects your day to day activities? Yes / No
- 4 Are you registered disabled? Yes / No
- 5 What is your ethnic group? Please choose one section from A to E, and tick the appropriate box to indicate your cultural background.

<b>A White</b>			
British		Irish	Any other, please write in here.

<b>B Mixed</b>			
White and Black Caribbean		White and Black African	White and Asian
Any other, please write in here.			

<b>C Asian or Asian British</b>			
Indian		Pakistani	Bangladeshi
Any other, please write in here.			

<b>D Black or Black British</b>			
Caribbean		African	Any other, please write in.

<b>E Chinese or other ethnic group</b>			
Chinese		Any other, please write in.	

Thank you.