

MYERS LISTER PRICE

EQUAL OPPORTUNITIES MONITORING FORM

The following information will be treated as confidential and will assist us to monitor our Equal Opportunities Policy.

We would appreciate your co-operation by completing the below form.

Surname _____ **Forename** _____ **Title** _____

Age _____ **Date of birth** _____

Do you have a disability? Yes No

Gender Female Male

Using the following classifications, how would you describe your ethnic origin (please tick appropriate box) . If you feel you do not come within these categories, please state under 'other' what you consider to be your ethnic origin.

Bangladeshi	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White	<input type="checkbox"/>
Indian	<input type="checkbox"/>		

Black other (please specify) _____

Other (please specify) _____

This information will not be used by those involved in the selection process and it is for statistical purpose only.

