



EQUAL OPPORTUNITIES MONITORING FORM

<p>Carmarthenshire Volunteer Bureau believes in Equal Opportunities (see Equal Opportunities Statement). In order to monitor the effectiveness of our service with regard to Equal Opportunities, you are requested to complete this form and return it with your registration form.</p>	
<p>Date</p>	
<p>What is your sex?</p> <p style="text-align: center;">Male <input type="checkbox"/> Female <input type="checkbox"/></p>	
<p>Would you describe yourself as having a disability?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Are you registered disabled?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>To which age group do you belong?</p> <p style="text-align: center;">16-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+ <input type="checkbox"/></p>	
<p>Please tick the box below which most closely describes the ethnic category to which you belong:</p>	
<p>White <input type="checkbox"/></p>	<p>Black Caribbean <input type="checkbox"/></p>
<p>European Other <input type="checkbox"/></p>	<p>Black African <input type="checkbox"/></p>
<p>Indian <input type="checkbox"/></p>	<p>Black Other <input type="checkbox"/></p>
<p>Chinese <input type="checkbox"/></p>	<p>(please specify):</p>
<p>Pakistani <input type="checkbox"/></p>	<p>Other (please specify): <input type="checkbox"/></p>
<p>Bangladeshi <input type="checkbox"/></p>	<p>Decline to answer <input type="checkbox"/></p>
<p style="text-align: center;">Do you consider yourself to be Welsh?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p style="text-align: center;">Do you speak Welsh?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

*Thank you for completing the form.
Please return it to Carmarthenshire Volunteer Centre.*