

CityTrust Healthcare

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Form Name: Equal Opportunities Monitoring

Ref No: HCA - 023

Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer.
The information will also be used for equality monitoring and statistical purposes.
By submitting this form, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.

This service is committed to ensuring that staff are allowed to develop so as to maximise their individual potential without limit on the opportunities available to them at the service.

Please circle as appropriate:

Ethnicity

How would you describe yourself. Are you:

White	African	European	Asian	Chinese
English	Scottish	Hispanic	Indian	Welsh
African Caribbean		Pakistani	Irish	Mixed
Other, Please specify:				

Age

Which age range do you sit within?:

16 – 21	22 - 25	26 - 30	31 - 35	36 – 40	41 - 50	51 - 60	61 – 65+
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Gender

Are you:

MALE / FEMALE