

RCPCH Equal Opportunities Form

CONFIDENTIAL

This form is to allow us to monitor our progress towards equal opportunities. Please fill it in and return it to us with your application. Please tick/complete one of the boxes at sections A to E to indicate the ethnic group to which you belong. Also tick one box in section F. The completed questionnaire will be kept confidential by us, and will solely be used for our internal monitoring purposes **and will not be published in the handbook**.

A. WHITE		D. BLACK	
	British		Caribbean
	Other - please specify		African
			Other - please specify
B. MIXED		E. CHINESE, MIDDLE EASTERN, OR OTHER ETHNIC GROUP	
	White and Black Caribbean		Chinese
	White and Black African	\square	Middle Eastern
	White and Asian		Other - please specify
	Other - please specify		
		•••••	
C. ASIAN			
	Indian		
	Pakistani		
	Bangladeshi		
	Other - please specify		
F. DISABILITY			
Do you consider yourself to be disabled? Yes No			