

## Equal Opportunities

We ask you to provide the following information for monitoring purposes. Responses from all applicants are counted, summarised and reported as a whole. Individual responses are not reported or published.

How would you describe your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
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What is your age group?	Up to 25 <input type="checkbox"/>	26-40 <input type="checkbox"/>	41-55 <input type="checkbox"/>	56 and over <input type="checkbox"/>
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Which ethnic group do you associate yourself with?	<a href="#">Click here to enter text.</a>
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Do you consider yourself to have a disability or long-term health condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Nature of disability or health condition	<a href="#">Click here to enter text.</a>
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