



Appeal Reference number:

(Last 7 digits)

Please place an "x" in the appropriate box in each of the parts 1-8
(If completing electronically, double click on the appropriate box, and select the "Checked" button)

Part 1 - Gender (A) <input type="checkbox"/> Male (B) <input type="checkbox"/> Female	Black/African/ Caribbean/Black British (N) <input type="checkbox"/> African (O) <input type="checkbox"/> Caribbean (P) <input type="checkbox"/> Any other Black/African/ Caribbean background, please specify
Part 2 - Age (A) <input type="checkbox"/> 16 - 29 (B) <input type="checkbox"/> 30 - 44 (C) <input type="checkbox"/> 45 - 59 (D) <input type="checkbox"/> 60 - 74 (E) <input type="checkbox"/> 75 and over	Other ethnic group (Q) <input type="checkbox"/> Arab (R) <input type="checkbox"/> Any other ethnic group, please specify
Part 3 - National Identity How would you describe your national identity? (A) <input type="checkbox"/> English (B) <input type="checkbox"/> Welsh (C) <input type="checkbox"/> Scottish (D) <input type="checkbox"/> Northern Irish (E) <input type="checkbox"/> British (F) <input type="checkbox"/> Or any other? Please specify	Part 5 - Religion What is your religion? (A) <input type="checkbox"/> None (B) <input type="checkbox"/> Christianity (C) <input type="checkbox"/> Buddhist (D) <input type="checkbox"/> Hindu (E) <input type="checkbox"/> Jewish (F) <input type="checkbox"/> Muslim (G) <input type="checkbox"/> Sikh (H) <input type="checkbox"/> Any other religion, please specify
Part 4 - Ethnicity What is your ethnic group? White (A) <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British (B) <input type="checkbox"/> Irish (C) <input type="checkbox"/> Gypsy or Irish Traveller (D) <input type="checkbox"/> Any other White background, please specify Mixed/multiple ethnic groups (G) <input type="checkbox"/> White and Asian (H) <input type="checkbox"/> Any other Mixed/multiple ethnic background, please specify Asian/Asian British (J) <input type="checkbox"/> Pakistani (K) <input type="checkbox"/> Bangladeshi (L) <input type="checkbox"/> Chinese (M) <input type="checkbox"/> Any other Asian background, please specify	Part 6 - Sexual Orientation How would you describe your sexual orientation? (A) <input type="checkbox"/> Bisexual (B) <input type="checkbox"/> Gay man (C) <input type="checkbox"/> Heterosexual (D) <input type="checkbox"/> Lesbian
	Part 7 - Gender Identity Please tick if either of these apply to you (A) <input type="checkbox"/> Transgender (B) <input type="checkbox"/> Transsexual These are covered by the Equality Act 2010
	Part 8 - Disability Under the Equality Act 2010, a disability is defined at "a physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities". Do you consider yourself to be disabled within this definition? (A) <input type="checkbox"/> Yes (B) <input type="checkbox"/> No

Please email this form to: mia@pins.gsi.gov.uk

Or send to: Diversity Monitoring, Management Information and Analysis Team,
Room 4/05 Kite Wing, Temple Quay House, Bristol BS1 6PN