



## **Equity – for Statistical Use Only**

***Please do not identify yourself on the form.***

Your Gender                      Male       Female

### Your Ethnic Origin

White British <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>
White/Asian <input type="checkbox"/>	
White Irish <input type="checkbox"/>	White/ Black African <input type="checkbox"/> White
Other <input type="checkbox"/>	
Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/> Other
Black <input type="checkbox"/>	
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Other
Asian <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Gypsy/Traveller <input type="checkbox"/>	
Other Mixed Background <input type="checkbox"/>	
Any other Ethnic Group not listed <input type="checkbox"/>	Please state:

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**Please return to EADA with your renewal form.**

*Thank you for completing the questionnaire and helping EADA to meet its Equity Policy.*