



This information is requested so that we can monitor our equal opportunities policy. It will not be used in the selection of applicants. You are not obliged to answer any of the questions on this form (and if you choose not to do so this will not affect the handling of your application in any way). However, we would encourage you to complete it so that we can have a full picture of our recruitment patterns. **Please return with main Trainee Application Form.**

**Section 1 - About You...**

<b>Full Name:</b>		
<b>Sex :</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

<b>Age:</b>	
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**Section 2 - Ethnic Origin...**

Please describe your ethnic origin by ticking one of the following categories:

Category A - White	
White - British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
Other White background <i>(please specify)</i>	<input type="checkbox"/>
Category C - Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background <i>(please specify)</i>	<input type="checkbox"/>

Category B - Mixed	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background <i>(please specify)</i>	<input type="checkbox"/>

Category D - Black or Black British	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background <i>(please specify)</i>	<input type="checkbox"/>

Category E - Chinese or other ethnic group	
Chinese	<input type="checkbox"/>
Any other <i>(please specify)</i>	<input type="checkbox"/>

\*These categories were used for the 2001 census in England and Wales and are recommended by the Commission for Equality and Human Rights

<b>Please tick this box if you have a disability* - specify the nature of your disability below:</b> <input type="checkbox"/> (Continue overleaf if necessary)
<b>*A disability is defined by the Disability Discrimination Act 1995 as "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."</b>

For the purposes of compliance with the Data Protection Act 1998 I hereby confirm that by completing this form I give my consent to Gosschalks processing the data supplied above in connection with monitoring compliance with its equal opportunities policy. I also agree to the storage of this information on manual and computerised files.

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**Signed**

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**Dated**