

Ethnicity Form

Please complete and return with application form:

Name	<input type="text"/>
Home Address	<input type="text"/>
Post Code	<input type="text"/>

Ethnic Origin

I would describe myself as (please tick appropriate box):

White: British	<input type="checkbox"/>	*Asian Bangladeshi /Asian British Bangladeshi	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	*Asian Other / Asian British Other	<input type="checkbox"/>
White: Other	<input type="checkbox"/>	*Black Caribbean / Black British Caribbean	<input type="checkbox"/>
Mixed: White Black Caribbean	<input type="checkbox"/>	*Black African / Black British African	<input type="checkbox"/>
Mixed: White & Black African	<input type="checkbox"/>	*Black Other / Black British Other	<input type="checkbox"/>
Mixed: White & Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed: Other*	<input type="checkbox"/>	Other (please specify below)	<input type="text"/>
*Asian Indian / Asian British Indian	<input type="checkbox"/>		
*Asian Pakistani / Asian British Pakistani	<input type="checkbox"/>		

Signed Date / /

Completion of this form assists the Association in providing correct information in the statistical returns.