

ETHNICITY FORM

*If you have already completed this form, please **DO NOT** complete it again*

NAME: _____

DATE OF BIRTH: _____

What is your Ethnic Group?

(Choose **ONE** section from **A** to **E** then tick **ONE** box which best describes you ethnic group)

A. WHITE

- SCOTTISH
- OTHER BRITISH
- IRISH
- GYPSY/TRAVELLER
- POLISH
- OTHER WHITE ETHNIC GROUP

B. MIXED OR MULTIPLE ETHNIC GROUPS

- ANY MIXED OR MULTIPLE ETHNIC GROUPS

C. ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

- PAKISTANI, PAKISTANI SCOTTISH, PAKISTANI BRITISH
- INDIAN, INDIAN SCOTTISH OR INDIAN BRITISH
- BANGLADESHI, BANGLADESHI SCOTTISH OR BANGLADESHI BRITISH
- CHINESE, CHINESE SCOTTISH OR CHINESE BRITISH
- OTHER ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

D. AFRICAN

- AFRICAN, AFRICAN SCOTTISH OR AFRICAN BRITISH

E. CARIBBEAN OR BLACK

- CARIBBEAN, CARIBBEAN SCOTTISH OR CARIBBEAN BRITISH
- BLACK, BLACK SCOTTISH OR BLACK BRITISH
- OTHER CARIBBEAN OR BLACK

F. OTHER ETHNIC GROUP

- ARAB, ARAB SCOTTISH OR ARAB BRITISH
- OTHER ETHNIC GROUP

IF YOU WOULD PREFER NOT TO ANSWER, PLEASE TICK HERE
IF YOU DO NOT KNOW YOUR ETHNICITY, PLEASE TICK HERE

Do you require an interpreter? YES NO

Do you require sign language support? YES NO