



Attwells Solicitors strives to operate a policy of equal opportunity and not discriminate against any person because of gender, age, disability, marital status, sexual orientation, religion or national origin. To enable us to monitor equal opportunities, will you please provide the details listed below. This information will only be used for the monitoring of Attwells Solicitors Equality and Diversity Policy.

**Surname:** .....

**Forename/s:** .....

**Department/Post applied for (if applicable):**  
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1. **GENDER**                       Male  
    Female
2. **MARITAL STATUS**         Married                       Not married
3. **AGE**                             16-21                       22-30  
    31-40                       41-50  
    51-60                       60+

4. **ETHNIC GROUP**

How would you describe your ethnic origin? Chose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

- a) **White**  
 British  
 Irish  
 Any other White background (please specify)
- b) **Mixed**  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background (please specify)
- c) **Asian or Asian British**  
 Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background (please specify)
- d) **Black or Black British**  
 Caribbean  
 African  
 Any other Black background (please specify)
- e) **Chinese or other ethnic group**  
 Chinese  
 Any other (please specify)

5. **RELIGION**

- None
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please specify)

6. **SEXUAL ORIENTATION**

- Heterosexual  Lesbian  Bisexual   
Gay
- Prefer not to say

7. **DISABILITY**

Do you consider yourself to have a disability as defined by the Disability Discrimination Act? i.e. Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day to day activities?

- Yes  No

If yes, please state briefly the nature of your disability.

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