**Equal Opportunities Monitoring Form: External Examiners**

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| --- | --- |
| SURNAME:  |  |
| FIRST NAME(S): |  |
| DATE OF BIRTH: |  |
| GENDER:(mark with X) | Male: |  |  |
| Female: |  |  |
| DISABILITY: (mark with X) | No |  |  |
| Yes |  |  |
| NATIONALITY:(mark with X) | UK/EU |  |  |
| Other |  |  |
| ETHNIC GROUP(mark with X) | White – British |  | Asian or Asian British – Other background |  |
| White – Irish |  | Chinese |  |
| White - Scottish |  | Mixed - White and Black Caribbean |  |
| White – Other background |  | Mixed - White and Black African |  |
| Black or Black British – Caribbean |  | Mixed - White and Asian |  |
| Black or Black British – African |  | Other Mixed background |  |
| Black or Black British – Other background |  | Other Ethnic background |  |
| Asian or Asian British - Indian |  | Not Known |  |
| Asian or Asian British - Pakistani |  | Information Refused |  |
| Asian or Asian British - Bangladeshi |  |  |  |
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