

ETHNICITY FORM

If you have already completed this form, please **do not** complete it again.

NAME: _____

DATE OF BIRTH: _____

What is your ethnic group? (Chose **ONE section from A to E and then tick **ONE** box which best describes your 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 OR 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
- ☐ OTHER AFRICAN

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 need an interpreter or sign language support? ☐ Yes ☐ No