FORM: DC19 - Updating your equality data







Disability (please tick one option)























Ethnicity(please tick one option)



































Gender(please tick one option)











Gender Identity(please tick one option)







Marriage / Civil Partnership(please tick one option)

















Religion or Belief(please tick one option)





















Sexual Orientation(please tick one option)













Caring Responsibilities(please tick one option)







Type of caring responsibility (please tick all options that apply)















Thank you for your co-operation.

# End of questions