

Data Collection Sheet

Personal details

Gender (tick)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Attach barcode here

Title: (please circle) Mr/Mrs/Ms/Miss/Dr/Prof/Mx	First Name:	Surname:				
Address:						
		Post Code:				
Email address below (One character per box):						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td> </tr> </table>						
Phone Number – Home		Phone Number - Work				
Phone Number – Mobile						
Preferred contact: (please circle)						
Home Phone	Work Phone	Mobile				
Email	Postal	Any				

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Date of birth

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Ethnicity

2001 census ethnicity classification

Tick one box only

White		
A	British	<input type="checkbox"/>
B	Irish	<input type="checkbox"/>
C	Any other white background	<input type="checkbox"/>

<i>Black or Black British</i>		
M	Caribbean	<input type="checkbox"/>
N	African	<input type="checkbox"/>
P	Any other Black background	<input type="checkbox"/>

<i>Mixed</i>		
D	White and Black Caribbean	<input type="checkbox"/>
E	White and Black African	<input type="checkbox"/>
F	White and Asian	<input type="checkbox"/>
G	Any other mixed background	<input type="checkbox"/>

<i>Other ethnic category</i>		
R	Chinese	<input type="checkbox"/>
S	Any other ethnic category	<input type="checkbox"/>

<i>Asian or Asian British</i>		
H	Indian	<input type="checkbox"/>
J	Pakistani	<input type="checkbox"/>
K	Bangladeshi	<input type="checkbox"/>
L	Any other Asian background	<input type="checkbox"/>

<i>Not stated</i>		
Z	Not stated	<input type="checkbox"/>