

THE COLERIDGE MEDICAL CENTRE

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Name.....Date of Birth.....

ETHNIC ORIGIN

Information on ethnicity is important to us because of the need to take into account culture, religion and language in providing appropriate individual care and the need to demonstrate non-discrimination and equal outcomes. Therefore please take a few moments to answer the following question:

What is your ethnic group? Choose ONE section from A to F, then tick the appropriate box to indicate your culture background.

A White

- | | | |
|--------------------------|--|-----|
| <input type="checkbox"/> | British | 9i0 |
| <input type="checkbox"/> | Irish | 9i1 |
| <input type="checkbox"/> | Any other White background, please write in..... | 9i2 |

B Mixed

- | | | |
|--------------------------|--|-----|
| <input type="checkbox"/> | White and Black Caribbean | 9i3 |
| <input type="checkbox"/> | White and Black African | 9i4 |
| <input type="checkbox"/> | White and Asian | 9i5 |
| <input type="checkbox"/> | Any other Mixed Background, please write in..... | 9i6 |

C Asian or Asian British

- | | | |
|--------------------------|---|-----|
| <input type="checkbox"/> | Indian | 9i7 |
| <input type="checkbox"/> | Pakistani | 9i8 |
| <input type="checkbox"/> | Bangladeshi | 9i9 |
| <input type="checkbox"/> | Any other Asian background, please write in | 9iA |

D Black or Black British

- | | | |
|--------------------------|--|-----|
| <input type="checkbox"/> | Caribbean | 9iB |
| <input type="checkbox"/> | African | 9iC |
| <input type="checkbox"/> | Any other Black background, please write in..... | 9iD |

E Chinese or other ethnic group

- | | | |
|--------------------------|---------|-----|
| <input type="checkbox"/> | Chinese | 9iE |
|--------------------------|---------|-----|

F Not Specified

- | | | |
|--------------------------|--|-----|
| <input type="checkbox"/> | Any other background, please write in..... | 9iF |
| <input type="checkbox"/> | Not wish to state | 9iG |