

EEO Data Collection

This survey is required to complete our EEO Policy Review. Please complete and return to me in complete confidence. Only averages and exceptions will be reported, and no names will be used.

I do not wish to complete this survey. (Please sign) _____

Name: _____

Date of birth: / /

Gender: Male / Female

Ethnic origin (tick one or two boxes from the list below)

- | | |
|---|--|
| <input type="checkbox"/> New Zealand European/Pakeha | <input type="checkbox"/> New Zealand Maori |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Other European (Australian, British, Scottish, Dutch, etc) please specify: | |
| <input type="checkbox"/> Other ethnic group (Vietnamese, Kenyan, etc) please specify: | |

Disability

Do you live with the effects of injury, long term illness or disability? **Yes / No**

If yes, does your disability/injury/illness affect your:

- | | |
|---|--|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Respiration/breathing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/mental health |
| <input type="checkbox"/> Concentration | |
| <input type="checkbox"/> Other: (please specify): | _____ |

Do you need any technical aids or equipment, or adaptations to your work place, to make your work easier or to increase your performance? **Yes / No**

If yes, please provide information:

