



TENDRING DISTRICT COUNCIL



Equal Opportunities

The Race Relations (Amendment) Act 2000 requires all public authorities to promote racial equality and prevent racial discrimination.

Tendring District Council is committed to:

- Eliminating unlawful racial discrimination
- Promoting equality of opportunity
- Promoting good relations between people of different racial groups

It is important that we monitor all our planning decisions against ethnic background to ensure that there is no unintentional discrimination against any ethnic group.

Please be assured that:

- **the information contained on this form will not be revealed to any person involved in the determination of the application.**
- **any information contained on this form will be treated as strictly confidential and will not be shared with any third party or form part of any public record of your application.**

What is your ethnic group? Please choose one section from A to E on page 2 then tick the appropriate box to indicate your ethnic group.

If you wish to complete this form please attach to your planning application.

<p style="text-align: center;">A. White</p> <p><input type="checkbox"/> White – English</p> <p><input type="checkbox"/> White – Irish</p> <p><input type="checkbox"/> White – Welsh</p> <p><input type="checkbox"/> White – Scottish</p> <p><input type="checkbox"/> Any other White background (please write in)</p>	<p style="text-align: center;">B. Black or Black British</p> <p><input type="checkbox"/> Black or Black British – Caribbean</p> <p><input type="checkbox"/> Black or Black British – African</p> <p><input type="checkbox"/> Any other Black background (Please write in)</p>
<p style="text-align: center;">C. Mixed</p> <p><input type="checkbox"/> Mixed – White and Black Caribbean</p> <p><input type="checkbox"/> Mixed – White and Black African</p> <p><input type="checkbox"/> Mixed – White and Asian</p> <p><input type="checkbox"/> Any other Mixed background (please write in)</p>	<p style="text-align: center;">D. Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p>
<p>E - Chinese or Other</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Mixed background (please write in)</p>	
<p><input type="checkbox"/> Any other ethnic group (Please write in)</p>	
<p><input type="checkbox"/> Do not wish to answer</p>	

NOW PLEASE ATTACH THE COMPLETED FORM TO YOUR APPLICATION