

# EEO Data Collection

Name: \_\_\_\_\_

Date of birth:            /    /

**Gender:**    Male / Female

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

New Zealand European/Pakeha

New Zealand Maori

Samoan

Cook Island Maori

Tongan

Chinese

Indian

Niuean

Tokelauan

Fijian

Other European (Australian, British, Scottish, Dutch, etc) please specify:

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:

Movement

Vision

Respiration/breathing

Hearing

Speech

Emotional/mental health

Concentration

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:

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