

INDEPENDENT TRAINING SERVICES

EQUAL OPPORTUNITIES MONITORING FORM

Independent Training Services is committed to a policy of equal opportunities in employment. The information provided on this form will form a confidential record and will be used to monitor the operation of ITS' Equal Opportunities Policy. All data collected is covered by the Data Protection Act (1998).

| | |
|------|--|
| Name | |
|------|--|

Please place an 'X' in the boxes which most closely describe you:

| | | |
|-----------|---------------|--|
| 1. | Gender | |
| | Female | |
| | Male | |

| | | |
|-------------------|-----------------------|--|
| 2. | Marital Status | |
| | Married | |
| | Civil Partnership | |
| | Co-habiting | |
| | Single | |
| | Divorced | |
| | Widowed | |
| Prefer not to say | | |

| | | |
|-------------------|---------------------------|--|
| 3. | Sexual Orientation | |
| | Bisexual | |
| | Gay | |
| | Heterosexual | |
| | Lesbian | |
| Prefer not to say | | |

| | | |
|-------------------|----------------------|--|
| 4. | Faith/Belief | |
| | No faith/religion | |
| | Christian | |
| | Buddhist | |
| | Hindu | |
| | Jewish | |
| | Muslim | |
| | Sikh | |
| | Other faith/religion | |
| Prefer not to say | | |

| | | |
|-------------------|--------------------------------|--|
| 5. | Do you have the care of | |
| | Dependent children | |
| | Other dependents | |
| | No dependants | |
| Prefer not to say | | |

| | | |
|--------------------------------|---|--|
| 6. | Ethnic Origin | |
| | White – British/English/Welsh/Scottish/Northern Irish | |
| | White – Irish | |
| | White – Gypsy or Traveller | |
| | White – Other background | |
| | Black/Black British – Caribbean | |
| | Black/Black British – African | |
| | Black/Black British – Other Black background | |
| | Asian/Asian British – Indian | |
| | Asian/Asian British – Pakistani | |
| | Asian/Asian British – Chinese | |
| | Asian/Asian British – Other Asian background | |
| | Mixed- White and Black Caribbean | |
| | Mixed – White and Black African | |
| | Mixed – White and Asian | |
| Mixed – Other Mixed background | | |

The Equality Act 2010 defines a person as having a disability if s/he has a physical or mental impairment, and that impairment has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities

| | | |
|------------|---|--|
| 7a. | Do you have a disability | |
| | No | |
| | Yes | |
| 7b. | If yes, please indicate | |
| | Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) | |
| | Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) | |
| | Mental health condition (such as depression or schizophrenia) | |
| | Physical impairment or mobility issues (such as using a wheelchair or crutches, or difficulty using arms) | |
| | Deaf or serious hearing impairment | |
| | Blind or serious visual impairment | |
| | Other type of disability | |
| | Prefer not to say | |

| | | |
|-----------|-------------------------|--|
| 8. | Are you dyslexic | |
| | No | |
| | Yes | |
| | Prefer not to say | |

| | | |
|-----------|-------------------------------------|--|
| 9. | Do you suffer from dyspraxia | |
| | No | |
| | Yes | |
| | Prefer not to say | |