**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 |  |