



EQUAL OPPORTUNITIES MONITORING FORM

Simply The Best Training Consultancy Ltd is committed to ensuring learners are not disadvantaged through gender, age, sexual orientation, disability, nationality or ethnic origin.

In order to monitor and evaluate our Equal Opportunity Policy, we would be grateful if you provided information below. This information is confidential and will be used solely for statistical purposes only.

Title:		First Name:	
Last / Family Name:			
Date of Birth:		Nationality:	
Gender:		<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Ethnic Origin: Please tick the box which best describes your ethnic origin			
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Any Other White Background		Mixed Heritage <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other Mixed Background	
Asian, Asian British, Asian English, Asian Scottish, Asian welsh <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background		Black, Black British, Black English, Black Scottish, Black Welsh <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background	
Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh <input type="checkbox"/> Chinese			
<input type="checkbox"/> Any Other Ethnic Background		<input type="checkbox"/> Any Other Chinese background	
		<input type="checkbox"/> Do not wish to declare my Ethnic Origin	

Age Range:	
<input type="checkbox"/> 16 - 25 years	<input type="checkbox"/> 46 - 55 years
<input type="checkbox"/> 26 - 35 years	<input type="checkbox"/> 56 - 65 years
<input type="checkbox"/> 36 - 45 years	<input type="checkbox"/> Over 65

Disability:

If you are disabled, have a specific learning difficulty or long term medical condition that may require adjustments to be made to the curriculum or the environment, please let us know.

Please tick which term is descriptive of your disability

- | | |
|--|--|
| <input type="checkbox"/> No disability | <input type="checkbox"/> Austic Spectrum Disorder/Aspergers Syndrome |
| <input type="checkbox"/> Dyslexia/Dyspraxia/ADHA | <input type="checkbox"/> Unseen disability e.g. epilepsy |
| <input type="checkbox"/> Blind/partially sighted | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Disability not listed above |
| <input type="checkbox"/> Wheelchair user/mobility difficulties | <input type="checkbox"/> Do not wish to declare |
| <input type="checkbox"/> Mental health difficulties | |

Please list any reasonable adjustments you think you may require: