



EQUAL OPPORTUNITIES MONITORING FORM

Clay College Stoke is committed to promoting a work and study environment free from discrimination and to advancing equality of opportunity for all its staff and students.

To monitor our policies and practice and comply with the Equality Act (2010) we request that all applicants complete this section. We monitor applications we receive by age, disability, ethnicity, gender, sexual orientation, religion or belief.

The information collected will form a confidential statistical record/database which will not be used for any purpose other than monitoring the College's performance in respect of equal opportunities.

It will be stored separately from your application and will not be available to anyone involved in the selection process. We appreciate you supplying this information.

This form is an editable pdf, please type in the boxes and click the checkboxes to complete. Alternatively you can print, complete and submit via post.

NAME AND AGE

FIRST NAME(S) :	
SURNAME:	
AGE:	

DISABILITY OR HEALTH CONDITION

Do you consider yourself to have a disability or health condition?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>
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If yes, please specify

If you have a disability which is likely to affect your studies in any way, please discuss the practical implications at interview.

YOUR GENDER Please indicate by ticking appropriate box:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other (please specify) :	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

YOUR RELIGION OR BELIEF Please indicate by ticking appropriate box:

Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
No religion	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

YOUR ETHNIC ORIGIN Please indicate by ticking appropriate box:

Arab	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>
Chinese or Chinese British	<input type="checkbox"/>
Mixed/Multiple ethnic groups	<input type="checkbox"/>
White - British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - Other	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

YOUR SEXUAL ORIENTATION Please indicate by ticking appropriate box:

Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>