



SAMPLE EQUAL OPPORTUNITIES MONITORING FORM

Any information you provide about a disability in this section **may not** be available to the course centres, depending on the consent you give and on how each course centre uses (or does not use) this data in their selection process. Therefore, if you have a disability and **wish to be considered under the Disability Scheme** please indicate this on the Basics - Disability Scheme page of the application.

For details of how the data in this section is used and to download anonymised data from previous years, please [see the Equal opportunities section of our website](#).

The "Copy from Previous Application" option will copy data from any application you **submitted in a previous year**. If you started but did not submit an application in a previous year you can access it in Previous Applications.

Do you give your consent for the course centres you have applied to to have **full access** to the information you give in this section? For this purpose the data would not be anonymous and the course centres would have access to it during their selection process.

I give my consent

I do not give my consent

What is your age?

- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55 and over
- Prefer not to say

What is your country of permanent residence?

- UK
- European Union/European Economic Area
- Other
- Prefer not to say

What is your gender?

- Female
- Male
- Prefer not to say

What is your marital status?

- Divorced or separated
- Married/civil partnership/cohabiting
- Single
- Widowed
- Prefer not to say

Do you have dependants?

- No
- Yes
- Prefer not to say

What is your sexual orientation?

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Other sexual orientation - please specify:
- Prefer not to say

Do you have a disability?

- No
- Yes
- Prefer not to say

If you answered YES above, please give details:

- Blind/partially sighted
- Deaf/hearing impairment
- Dyslexia
- Mental health difficulties
- Personal care support
- Unseen disability e.g. diabetes, epilepsy, asthma
- Wheelchair user/mobility difficulties
- 2 or more of the above disabilities/special needs
- Other disability/special need - please specify:

Do you have a religion or similar belief?

- No
- Yes
- Prefer not to say

If you answered YES above, please give details:

- Baha'i
- Buddhist
- Christian - Protestant
- Christian - Roman Catholic
- Christian - Other - please specify:
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Other religion or similar belief - please specify:

What is your ethnic group?

- Asian, Asian British, Asian English, Asian Scottish or Asian Welsh
 - Bangladeshi
 - Indian
 - Pakistani
 - Any other Asian background - please specify:
- Black, Black British, Black English, Black Scottish or Black Welsh
 - African
 - Caribbean
 - Any other Black background - please specify:
- Mixed
 - White & Asian
 - White & Black African
 - White & Black Caribbean
 - Any other Mixed background - please specify:
- White
 - British - English
 - British - Scottish
 - British - Welsh
 - Any other British (white) background - please specify:
 - Irish
 - Any other White background - please specify:
- Chinese/Middle Eastern/Other ethnic background
 - Chinese
 - Middle Eastern/North African
 - Any other background - please specify:

Prefer not to say

SAMPLE - DO NOT FILL IN