



### Equal Opportunities Monitoring

#### THIS INFORMATION WILL NOT BE USED FOR ASSESSMENT PURPOSES

In accordance with the IfT's equal opportunities policy, we will provide equal opportunities to all candidates. To enable us to ensure our compliance with this policy, we would be grateful if you would complete the following tables for monitoring purposes. We will treat information confidentially and it will not be used as part of the screening process.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
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Ethnic Origin (please tick appropriate box)			
<input type="checkbox"/> White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
<input type="checkbox"/> Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Asian/Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Chinese
<input type="checkbox"/> Chinese/Other	<input type="checkbox"/> Prefer not to say		

Religion (please tick appropriate box)			
<input type="checkbox"/> Baha'i	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christian	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Jain	<input type="checkbox"/> Judaism	<input type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Prefer not to say	

Sexual orientation (please tick appropriate box)			
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Gay woman / lesbian	<input type="checkbox"/> Heterosexual / straight
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say		

Disabilities	
Do you consider that you have a disability under the terms of the Disability Discrimination Act 1995?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If Yes, please describe:	

Age band (please tick appropriate box)
<input type="checkbox"/> Under 18
<input type="checkbox"/> 18 – 25
<input type="checkbox"/> 26 - 35
<input type="checkbox"/> 36 - 45
<input type="checkbox"/> 46 - 55
<input type="checkbox"/> 56 – 65
<input type="checkbox"/> Over 65
<input type="checkbox"/> Prefer not to say