

<<Equality and Diversity of

>> Training Monitoring Form

Employee Name & Initials:

ent:

Job Title:

In compliance with our <<Equality and Diversity Policy, we are monitoring the provision of training by the Company to ensure discrimination on the basis of sexual orientation, gender reassignment, race, ethnic origin, religion or belief, marital status, does not occur. We would be grateful if you would complete and return this form with your application for the commencement of the training provided. There is no obligation on you to provide this information.

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Name or Reference No. of Training Course:

Nature of Training:

Objectives of Training:

1. Gender Assigned at Birth

☐ Male

☐ Female

☐ Prefer Not to Say

2. Which of the Following Best Reflects Gender Identity

☐ Male

☐ Female

☐ In Another Way

☐ Prefer Not to Say

3. Does Gender Align with Gender Assigned at Birth

☐ Yes

☐ No

☐ Prefer Not to Say

4. Preferred Title

☐ Miss

☐ Ms

☐ Mrs

☐ Other:

Full Name

5. Marital Status

☐ Married

☐ Divorced

☐ Separated

☐ Other:

☐ Civil Partner

SAMPLE PEOPLE

6. Ethnic Origin

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any Other White Background
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any Other Asian Background
- ☐ Arab
- ☐ Any Other Ethnic Group

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any Other Mixed/Multiple Ethnic Background
- ☐ African
- ☐ Caribbean
- ☐ Any Other Black/African/Caribbean Background

7. Religion or Belief

- ☐ No Religion
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer Not to Say
- ☐ Other – Please Specify

8. Disability

Do you consider yourself disabled under the Equality Act 2010?

(The Disability Equality Act defines a physical or mental impairment which has a long-term adverse effect on a person's ability to carry out normal day-to-day activities)

If yes, what is your disability? (optional)

Do you consider yourself disabled under the Equality Act 2010?

- ☐ Yes
- ☐ No

(The Disability Equality Act defines a physical or mental impairment which has a long-term adverse effect on a person's ability to carry out normal day-to-day activities)

If yes, what is your disability? (optional)

9. Age Range

- ☐ 16 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+

- ☐ 16 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+

10. Sexual Orientation

- ☐ Bisexual
- ☐ Gay/Lesbian
- ☐ Heterosexual/Straight
- ☐ Prefer Not to Say

- ☐ Bisexual
- ☐ Gay/Lesbian
- ☐ Heterosexual/Straight
- ☐ Prefer Not to Say

Data Protection

The Company treats data collected for review and training in accordance with its data protection policy.

I consent to the company processing the data collected for review and training. I understand I may withdraw my consent at any time by notifying the HR Manager OR the Data Protection Officer.

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Name:

Date:

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