

FA Equality Monitoring Form

Note to providers:

Guidance for completing this form can be found at [SDS Equality & Diversity](#)

This form must be completed by the participant.

You must ensure that:

- both Sections A and Section B of this SDS Equality Monitoring Form are given to the participant before asking the participant any of the questions in Section A
- the participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the provider for inspection

Section A of this form must be securely disposed of immediately once the information has been entered into the FIPS secure recording system.

Section A

Ethnic Group

What is your ethnic group?

Choose **ONE** section from A to G, then tick **ONE** box which **best describes** your ethnic group or background.

A White

<input type="checkbox"/>	Scottish		
<input type="checkbox"/>	Other British		
<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Gypsy/ Traveller		
<input type="checkbox"/>	Polish		
<input type="checkbox"/>	Other white ethnic group		

B Mixed or multiple ethnic group

<input type="checkbox"/>	Any mixed or multiple ethnic groups		
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C Asian, Asian Scottish or Asian British

<input type="checkbox"/>	Pakistani, Pakistani Scottish or Pakistani British		
<input type="checkbox"/>	Indian, Indian Scottish or Indian British		
<input type="checkbox"/>	Bangladeshi, Bangladeshi Scottish or Bangladeshi British		
<input type="checkbox"/>	Chinese, Chinese Scottish or Chinese British		
<input type="checkbox"/>	Other		

D African

<input type="checkbox"/>	African, African Scottish or African British		
<input type="checkbox"/>	Other		

E Caribbean or Black

<input type="checkbox"/>	Caribbean, Caribbean Scottish or Caribbean British		
<input type="checkbox"/>	Black, Black Scottish or Black British		
<input type="checkbox"/>	Other		

F Other ethnic group

<input type="checkbox"/>	Arab, Arab Scottish or Arab British		
<input type="checkbox"/>	Other		

G All ethnic groups

<input type="checkbox"/>	Prefer not to say		
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Gender

How would you describe your gender? (please tick one)

	Male/Man		
	Female/Woman		
	In another way		
	Prefer not to say		

Religion/Belief

What religion, religious denomination or body do you belong to?

	None		
	Church of Scotland		
	Roman Catholic		
	Other Christian		
	Muslim		
	Buddhist		
	Sikh		
	Jewish		
	Hindu		
	Pagan		
	Another religion please state		
	Prefer not to say		

Care Experience

- Have you ever been in care*?

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

* In care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives).

Disability

- Do you have an impairment, health condition or learning difficulty?*

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

* lasting or expected to last 12 months or more

- If you have an impairment, health condition or learning difficulty, please **select all** those on the list that apply. (**List of examples are not exhaustive**)

You have a social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder.	<input type="checkbox"/>	<input type="checkbox"/>
You have a learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate) such as Down's Syndrome.	<input type="checkbox"/>	<input type="checkbox"/>
You are blind or have a visual impairment uncorrected by glasses.	<input type="checkbox"/>	<input type="checkbox"/>
You are deaf or have a hearing impairment.	<input type="checkbox"/>	<input type="checkbox"/>
You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.	<input type="checkbox"/>	<input type="checkbox"/>
You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder.	<input type="checkbox"/>	<input type="checkbox"/>
You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.	<input type="checkbox"/>	<input type="checkbox"/>
You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, asthma, or epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>
You have a disability, impairment or medical condition that is not listed above Please state	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Section B

Privacy Statement

The responses you provide to the questions set out in Section A of this Equality Monitoring Form are required for the following purposes:

- Under the Equality Act 2010, SDS is required to ensure equality of access to its services. SDS is therefore required to monitor participation within its National Training Programmes/work-based learning programmes by 'protected characteristics'. 'Protected characteristics' are defined in the Equality Act, and include the categories set out in the questions in Section A of the form above. SDS publishes the data in an anonymised form (which does not identify any individual), in accordance with its obligations under the Equality Act.
- Under the Children and Young People Act (2014), SDS is listed as a corporate parent and is therefore required to assess the needs of individuals that identify as being from a care experienced background. We gather this information in order to understand how our services are reaching individuals from this background and how we can improve the service we provide to them.

Your responses to the questions in Section A above ("Equalities Monitoring Data") will be provided to SDS by your Learning/Training Provider. SDS shall use your Equalities Monitoring Data only for the purposes outlined above, and shall not disclose your Equalities Monitoring Data to any organisation or individual. Your Learning/Training Provider shall securely dispose of Section A as soon as your responses in Section A have been entered into the SDS FIPS secure recording system.

You can find further information as to why we process your personal information in the relevant SDS Privacy Notice. Your learning/training provider should provide you a copy of this. You can also find this at www.sds.co.uk/privacy.

Provider to ensure that: -

- both Sections A and Section B of this SDS Equality Monitoring Form are given to the Participant before asking the Participant any of the questions in Section A,
- the Participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the Provider for inspection, and
- Section A is securely disposed of as soon as the Participant's responses in Section A have been entered into the SDS FIPS secure recording system.

Participant Signature	
Print Name	
Date	