

National Training Programmes

Equality Monitoring Form

Note to providers:

Guidance for completing this form can be found at the following link: [Equality Monitoring Guidance](#).

This form must be printed out and completed by the participant.

You must ensure that:

- both Sections A and Section B of this SDS National Training Programmes 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 training 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

Programme	Modern Apprenticeship
	Graduate Apprenticeship
	Employability Fund
	National Transition Training Fund

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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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 write in	
	Prefer not to say	

Sexual Orientation

Which of the following options best describes how you think of yourself? (please tick one)

	Heterosexual/Straight	
	Gay/Lesbian	
	Bisexual	
	Other	
	Prefer not to say	

Transgender

Have you ever identified as a trans or transgender person?¹

	Yes	
	No	
	Prefer not to say	

Care Experience

- Have you ever been in care*?

	Yes	
	No	
	Prefer not to say	

* 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).

¹ Equality organisations use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.

Disability

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

	Yes	
	No	
	Prefer not to say	

* 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.

	You have a social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder, learning disability or cognitive impairment	
	You are blind or have a visual impairment uncorrected by glasses	
	You are deaf or have a hearing impairment	
	You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	
	You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder	
	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	
	You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	
	You have a disability, impairment or medical condition that is not listed above	
	Prefer not to say	

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 purpose (“Purpose”): -

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 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 Training Provider. SDS shall use your Equalities Monitoring Data only for the Purpose, and shall not disclose your Equalities Monitoring Data to any organisation or individual. Your 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.

Training Provider to ensure that: -

- both Sections A and Section B of this SDS National Training Programmes 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 Training 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	

Thank you for completing this form