

# MONITORING FORM

Equality and Diversity



The College is required to provide information about its students for statistics which have to be sent to the YPLA. Please complete the details required and return this with your application form.

Student Name:..... School: .....

## 1 Ethnicity – Tick the category which best describes your ethnic group or background

### White

- 31  English/Welsh/Scottish/Northern Irish/British
- 32  Irish
- 33  Gypsy or Irish Traveller
- 34  Any other white background

### Mixed/Multiple ethnic group

- 35  White and Black Caribbean
- 36  White and Black African
- 37  White and Asian
- 38  Any other mixed/multiple ethnic background

### Asian/Asian British

- 39  Indian
- 40  Pakistani
- 41  Bangladeshi
- 42  Chinese
- 43  Any other Asian background

### Black/African/Caribbean/Black British

- 44  African
- 45  Caribbean
- 46  Any other Black/African/Caribbean background

### Other Ethnic Group

- 47  Arab
- 98  Any other ethnic group

## 2 Additional Requirements

Do you have a learning difficulty or disability? If so, please tick the description(s) that best describes your impairment. We will contact you to discuss your support needs:

- |                                                                            |                                               |                                               |
|----------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Dyslexia                                             | <input type="radio"/> Hearing Impediment/Deaf | <input type="radio"/> Wheelchair User         |
| <input type="radio"/> Diabetes                                             | <input type="radio"/> Asthma                  | <input type="radio"/> Multiple Disabilities   |
| <input type="radio"/> Epilepsy                                             | <input type="radio"/> Other Mobile Difficulty | <input type="radio"/> Mental Health Condition |
| <input type="radio"/> Autistic Spectrum Disorder<br>eg Asperger's Syndrome | <input type="radio"/> Sight Impediment        |                                               |

Other (Please specify):

## 3. Other Information

Do you live independently or are you in Foster Care?  Yes  No