

EQUAL OPPORTUNITIES

The information you provide here is **confidential and will not be used as part of the decision-making process**. The data will be used to help us evaluate our services and plan for future provision. Data may be disclosed to the Department for Education and Skills.

Student Forename(s) _____ Date of Birth _____

Student Surname(s) _____ Course _____

1. Ethnicity (please tick where necessary)

- | | | | |
|---|--|--|---|
| (11) <input type="checkbox"/> White - British | (21) <input type="checkbox"/> Black or Black British - Caribbean | (31) <input type="checkbox"/> Asian or Asian British - Indian | (41) <input type="checkbox"/> Mixed - White and Black - Caribbean |
| (14) <input type="checkbox"/> Irish Traveller | (22) <input type="checkbox"/> Black or Black British - African | (32) <input type="checkbox"/> Asian or Asian British - Pakistani | (42) <input type="checkbox"/> Mixed - White and Black - African |
| (19) <input type="checkbox"/> White - Other | (29) <input type="checkbox"/> Other Black background | (33) <input type="checkbox"/> Asian or Asian British - Bangladeshi | (43) <input type="checkbox"/> Mixed - White and Asian |
| | (80) <input type="checkbox"/> Other Ethnic background | (34) <input type="checkbox"/> Chinese | (49) <input type="checkbox"/> Other Mixed background |
| | | (39) <input type="checkbox"/> Other Asian background | (98) <input type="checkbox"/> Information refused |

2. Nationality

Nationality _____ Dual Nationality (if applicable) _____

If your child has not been resident in the British Isles for the last three years please specify main country of residence and number of years resident in the British Isles.

Main country of residence _____ Years in British Isles _____

3. Disability

If you tell us about a disability or long term medical condition we can try to offer facilities which meet your child's needs.

Do you consider your child to have a disability? Yes No

If your child has any special requirements we need to know about for his/her audition, please provide details.

Please tick one of the following boxes if you wish to declare a disability or long term medical condition your child may have

- | | | |
|--|---|--|
| (1) <input type="checkbox"/> Dyslexia | (2) <input type="checkbox"/> Blind/partially sighted | (3) <input type="checkbox"/> Deaf/hearing impairment |
| (4) <input type="checkbox"/> Wheelchair user/mobility difficulties | (5) <input type="checkbox"/> Personal care support | (6) <input type="checkbox"/> Mental health difficulty |
| (7) <input type="checkbox"/> Unseen disability | (8) <input type="checkbox"/> Multiple disability (please specify) | (9) <input type="checkbox"/> Other disabilities (please specify) |
| (10) <input type="checkbox"/> Autistic spectrum disorder | _____ | _____ |

4. Education

Please tick one of the following boxes to indicate the type of education your child is receiving

State funded school Privately funded school Home educated Other (please specify)

School name and address: _____

Parent/Guardian Signature _____ Date _____