



Equal Opportunities Monitoring Form

The Institute of Education is committed to equal opportunities for all. It aims to ensure that no present or prospective student or member of staff receives less favourable treatment than another on grounds of any condition or status not directly affecting study or work. To help us monitor the operation of this policy we record the gender and ethnic origin of people who apply for admission to Institute courses. We should therefore be very grateful if you would answer the following questions:

Surname

Forename(s)

Course of study

continues over

This document is available in a range of alternative formats.
Please contact the Disabilities Support Office for assistance.
Telephone 020 7612 6641 Email disabilityadmin@ioe.ac.uk

Gender and Ethnicity

Please answer the questions below by placing a ✓ in the appropriate box

Male Female

I would describe myself as the following;

- | | |
|--|--|
| 11 <input type="checkbox"/> White British | 33 <input type="checkbox"/> Bangladeshi or Asian British-Bangladeshi |
| 12 <input type="checkbox"/> White Irish | 34 <input type="checkbox"/> Chinese |
| 13 <input type="checkbox"/> White Scottish | 39 <input type="checkbox"/> Asian other |
| 19 <input type="checkbox"/> White other | 41 <input type="checkbox"/> White and Black Caribbean |
| 21 <input type="checkbox"/> Black Caribbean or Black British-Caribbean | 42 <input type="checkbox"/> White and Black African |
| 22 <input type="checkbox"/> Black African or Black British-African | 43 <input type="checkbox"/> White and Asian |
| 29 <input type="checkbox"/> Black other | 49 <input type="checkbox"/> Other mixed background |
| 31 <input type="checkbox"/> Indian or Asian British-Indian | 80 <input type="checkbox"/> Other ethnic background |
| 32 <input type="checkbox"/> Pakistani or Asian British-Pakistani | |

If you have ticked box 49 or 80 above, please specify your ethnic origin here:

Disability, special needs or medical attention

Any information provided in this section will be held by Registry staff.

If you do not wish it to be released to other staff, please tick this box.

Do you consider yourself to have a disability? If so, please indicate the nature of the disability by ticking the appropriate box

- | | |
|--|--|
| 00 <input type="checkbox"/> No disability | 06 <input type="checkbox"/> Mental health difficulties |
| 01 <input type="checkbox"/> Specific learning disabilities | 07 <input type="checkbox"/> Unseen disability, e.g. diabetes, epilepsy, asthma |
| 02 <input type="checkbox"/> Visually impaired or blind | 08 <input type="checkbox"/> Multiple disabilities |
| 03 <input type="checkbox"/> Hearing impairment or deaf | 09 <input type="checkbox"/> Other disability, special need or medical condition that is not listed above |
| 04 <input type="checkbox"/> Mobility difficulties or wheelchair user | 10 <input type="checkbox"/> Autistic spectrum |

Please use this space to provide any further information if you wish

**This form should be returned, along with your application for admission, to
Registry
Institute of Education
20 Bedford Way
London WC1H 0AL
United Kingdom**

Thank you very much for your assistance.