

The Armstrong Learning Group is committed to promoting equal opportunities and diversity. Employees and prospective employees, customers and prospective customers, are not discriminated against, victimized or harassed, directly or indirectly because of their gender, race, disability, sexuality, nationality, religious belief, employment status, social class, caste, age, size, HIV status and marital status. We are totally opposed to any form of discrimination and will take disciplinary action if discrimination takes place.

Please complete this form to help us monitor our policies.

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

Please Tick

Asian or Asian British – Bangladeshi (10) <input type="checkbox"/>	Black or Black British – African (13) <input type="checkbox"/>	Mixed – White and Asian (6) <input type="checkbox"/>	White – British (1) <input type="checkbox"/>
Asian or Asian British – Indian (8) <input type="checkbox"/>	Black or Black British – Caribbean (12) <input type="checkbox"/>	Mixed – White and Black African (5) <input type="checkbox"/>	White – Irish (2) <input type="checkbox"/>
Asian or Asian British – Pakistani (9) <input type="checkbox"/>	Black or Black British – any other Black background (14) <input type="checkbox"/>	Mixed – White and Black Caribbean (4) <input type="checkbox"/>	White – any other White background (3) <input type="checkbox"/>
Asian or Asian British – any other Asian background (11) <input type="checkbox"/>	Chinese (15) <input type="checkbox"/>	Mixed – any other mixed background (7) <input type="checkbox"/>	Any other (16) <input type="checkbox"/>
			Prefer not to say (17) <input type="checkbox"/>

DISABILITY

1. Do you have a disability? If yes, please tick the appropriate box and answer all the questions below. If no, please sign the declaration at the end of this document.

Definition of Disability:

A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Please Tick

Visual Impairment		Mental Health		Other Condition (asthma, diabetes)	
Hearing Impairment		Temporary, after Illness/Accident		Emotional/ Behavioural	
Disability Affecting Mobility		Profound/Complex Disabilities		Other Physical Disability	
Multiple Disabilities		No Disability			
Moderate Learning Difficulty		Learning Difficulty (not listed)		Dyslexia	
Severe Learning Difficulty		multiple learning difficulties		Dyscalculia	
Other Learning Difficulty		No Learning Difficulty			

2. From the information with which you have been provided about this position, would your disability be likely to affect your ability to carry out your duties? (If Yes, please explain how)

3. To your knowledge, are there any adjustments that we might reasonably be expected to make to overcome such difficulties? (If Yes, please give as much detail as possible)

4. Are there any special arrangements we can make to assist you (including attending for interview, should your application be shortlisted)?

I certify that the details on this form are true to the best of my knowledge.

Signed:

Date: