london**print**studio

Trainees 2019**monitoring form**

We need to know details about you for monitoring/ funding purposes. The information you provide in this questionnaire will remain **strictly confidential** and will be used only for statistical monitoring purposes.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | 16-19 | 20-24 | | 25-29 | | | 30-34 | | 35-39 | | 40-44 | | | | 45-49 | | 50-54 | | 55-59 | | 60-64 | | 65+ | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | Male | | | | | |  | Female | | | |  | |  | | | | | | | | | |
|  | |  | | | | | |  |  | | | | | | | | | | | | | | |  |
| **Ethnicity – please tick one box to describe your ethnic group** | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Asian / Asian British | | | | Bangladeshi | | | | | | | |  | | Indian | | | | | | | | | |  | |
|  | | | | Pakistani | | | | | | | |  | | Any other Asian background | | | | | | | | | |  | |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Black / Black British | | | | African | | | | | | | |  | | Caribbean | | | | | | | | | |  | |
|  | | | | Any other Black background | | | | | | | |  | |  | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Chinese | | | |  |  | | | | | | |  | |  | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Kurdish | | | |  |  | | | | | | |  | |  | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Sikh | | | |  |  | | | | | | |  | |  | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Turkish | | | |  |  | | | | | | |  | |  | | | | | | | | | |  |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| White | | | | British | | |  |  | | Irish | |  | | Any other White background | | | | | | | | | |  | |
|  | | | |  | | | | | | | |  | |  | | | | | | | | | |  |
| Dual heritage | | |  | | (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| (Note “dual heritage” includes ethnic groups sometimes referred to as “mixed”) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other ethnic group | | |  | | (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | |  | | | | | | | |  |
| **Disability** | | | | | |  | | | | | | | |  | |  | | | | | | | |  |
| Do you consider yourself to have a disability\*? | | | | | | | | | | | | | |  | |  | | Yes | |  | | No | |  | |

PLEASE NOTE this includes asthma, diabetes, epilepsy, dyslexia, physical impairments, mental impairments, hearing impairments, visual impairments, long term illness.

**Thank you.**