

Equality Monitoring Form

We want to make sure that our services are provided fairly and to those who need them.

Please answer the questions below by ticking the boxes that you feel most describes you.

If you do not want to answer any specific question, then please leave it blank.

Some questions may feel personal, but the information we collect will be kept confidential and secure. The more information we collect, the more effective our monitoring will be. **If we are not aware of any requirements we may not be able to cater to these during the course.**

Ethnicity

White

- ☐ English / Welsh / Scottish / British / Northern Irish
- ☐ Irish
- ☐ Gypsy / Irish Traveller
- ☐ Roma
- ☐ Other European (please state) _____
- ☐ Other white background (please state) _____

Asian or Asian British

- ☐ Indian
- ☐ Bangladeshi
- ☐ Pakistani
- ☐ Chinese
- ☐ Other Asian background (please state) _____

Other Ethnic Group

- ☐ Yemeni
- ☐ Other Arab
- ☐ Other ethnic group _____

Mixed / Dual Heritage

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Other mixed background (please state) _____

Black / African / Caribbean or Black British

- ☐ Caribbean
- ☐ Somali
- ☐ Other African background _____
- ☐ Other Black background (please state) _____

Gender

- ☐ Male
- ☐ Female

Disability

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No

Impairment

Do you consider yourself to have an impairment?

- ☐ Yes
- ☐ No

If you have ticked yes to either question above, please tick the boxes below that best describes your answer:

- ☐ Hearing e/g profound to mild deafness
- ☐ Communication e.g. Speech
- ☐ Visual e.g. Blind or Partially sighted
- ☐ Mobility or Physical e.g. Walking, Dexterity
- ☐ Long Term Illness or Health Condition
- ☐ e.g Cancer, HIV, Diabetes, Chronic Heart Disease, Rheumatoid Arthritis, Chronic Asthma
- ☐ Developmental e.g Dyslexia
- ☐ Learning e.g Downs Syndrome
- ☐ Impaired memory / Concentration or ability to understand e.g Stroke, Dementia, Head-Injury
- ☐ Mental ill-health e.g Bi Polar Disorders, Schizophrenia, Depression
- ☐ Other (please state) _____

Will you require any additional support during the course?

- ☐ Yes
- ☐ No

Age

- ☐ Under 16
- ☐ 16-25
- ☐ 26-39
- ☐ 40-64
- ☐ 65-80
- ☐ 80+

Relationship Status

- ☐ Civil Partnership
- ☐ Married
- ☐ Co-habiting
- ☐ Single
- ☐ Other (please state) _____

Faith / Religion / Belief

- ☐ Atheist / None
- ☐ Buddhism
- ☐ Hinduism
- ☐ Islam
- ☐ Other (please state) _____
- ☐ Baha'i
- ☐ Christianity
- ☐ Humanism
- ☐ Judaism
- ☐ Sikhism

Do you actively practice your religion / belief?

- ☐ Yes
- ☐ No

Do you have any dietary requirements?

Yes No If yes please state

Thank You for Participating

MOT Class 3 Tester Training E-Learning

ALL CANDIDATE DETAILS MUST BE COMPLETED IN CAPITAL LETTERS

Candidate Details

Salutation: Mr Mrs Miss Ms Other:

First Name:

Surname:

Date of Birth:

Gender: Male Female

Course Date:

Address 1:

Address 2:

Town/County:

Post Code:

Telephone Number:

Email Address:

Job Title/Position:

Company Details

Company Name:

Address 1:

Address 2:

Town/County:

Post Code:

RMI Member? Yes No

RMI Member No:

Candidate Qualifications

Qualification/s:

Date Achieved:

Declaration

I declare I am currently a Qualified / Active Class 4 & 7 MOT tester and understand that if I am not this will affect my progress in becoming a Class 3 MOT tester.

DVSA User I.D:

Name:

Signature:

Date:

***Please return fully completed to RMI Academy of Automotive Skills, by email to enquiries@RMIF.co.uk.
Failure to complete the relevant paperwork 5 working days before the course could result in non-completion of the Qualification.***