

SIR THOMAS WHITE LOAN CHARITY

Equal Opportunities Monitoring Form



The Sir Thomas White Loan Charity (“the Charity”) wholeheartedly supports the principle of equal opportunities in the service it provides. The Charity opposes all forms of unlawful discrimination on the grounds of colour, race, nationality, ethnic or national origin, religion, belief, sex, sexual orientation, marital status or disability. We believe it is in the best interest of the Charity to ensure its practices, policies and procedures are free from any form of discrimination. To this end, within the framework of the law, we are committed, wherever practicable, to achieving and maintaining an organisation which ensures applicants are treated equally and fairly and decisions on application and selection are based solely on objective criteria. To monitor the effectiveness of our policies and procedures, all grant applicants are invited to complete this form. The information you provide will be treated as **STRICTLY CONFIDENTIAL** and will be used only for equal opportunities monitoring purposes. **It will not be taken into consideration for awarding of the grant.**

PLEASE COMPLETE IN BLOCK CAPITALS

Title:		Surname:		First Names:			
Date of Birth:		Age:		Gender (please tick):	Male	Female	Other

Ethnic Origin:

ASIAN		BLACK		WHITE	
Bangladeshi		African Caribbean		UK	
Chinese		African		Irish	
Indian		Other		Other European	
Pakistani				Other	
Other					

Please describe your ethnic origin in your own words if you feel none of the above apply:

Nationality:

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Disability:

The Sir Thomas White Loan Charity welcomes applications from people with disabilities and aims to be supportive of their applications. We will be pleased to consider any special requirements or facilities needed when applying to the Charity. If this applies please let us know details of special requirements or facilities you may need during the application process by including the relevant information with your grant application.

Are you disabled?	Yes		No	
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Marital Status:

Married		Single		Civil partnership	
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Thank you for your help in completing this form. Please return it with your application form from which this form will be detached.

Office use only	Grant Awarded:		App. No:	
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