

Tell us how we are doing

BASINGSTOKE
COLLEGE of
TECHNOLOGY



The college is committed to providing high quality services for our learners, employers and the community in general. We welcome this feedback to help us improve quality. Please complete the form, including as much information as possible and return it to:

The Principal, Basingstoke College of Technology, Worting Road, Basingstoke, Hampshire, RG21 8TN.

Your details:

Name: Telephone No:

Address:

Email:

Signature: Date:

How would you describe your ethnic group

<input type="checkbox"/> Asian or Asian British Bangladeshi	<input type="checkbox"/> Black or Black British Any other background	<input type="checkbox"/> White – British
<input type="checkbox"/> Asian or Asian British Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Asian or Asian British Pakistani	<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> White – Any other White background
<input type="checkbox"/> Asian or Asian British Any other background	<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Other background
<input type="checkbox"/> Black or Black British African	<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Not known/Not provided
<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Mixed – Any other Mixed background	

Are you

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Do not wish to answer
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Do you have a long-standing illness or disability

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not wish to answer
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What is your sexual orientation

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Gay Woman/Lesbian
<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Other	<input type="checkbox"/> Do not wish to answer

What is your Religion (tick one box only)

<input type="checkbox"/> None	<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Any other (please state)	<input type="checkbox"/> Do not wish to answer

What age were you on your last birthday

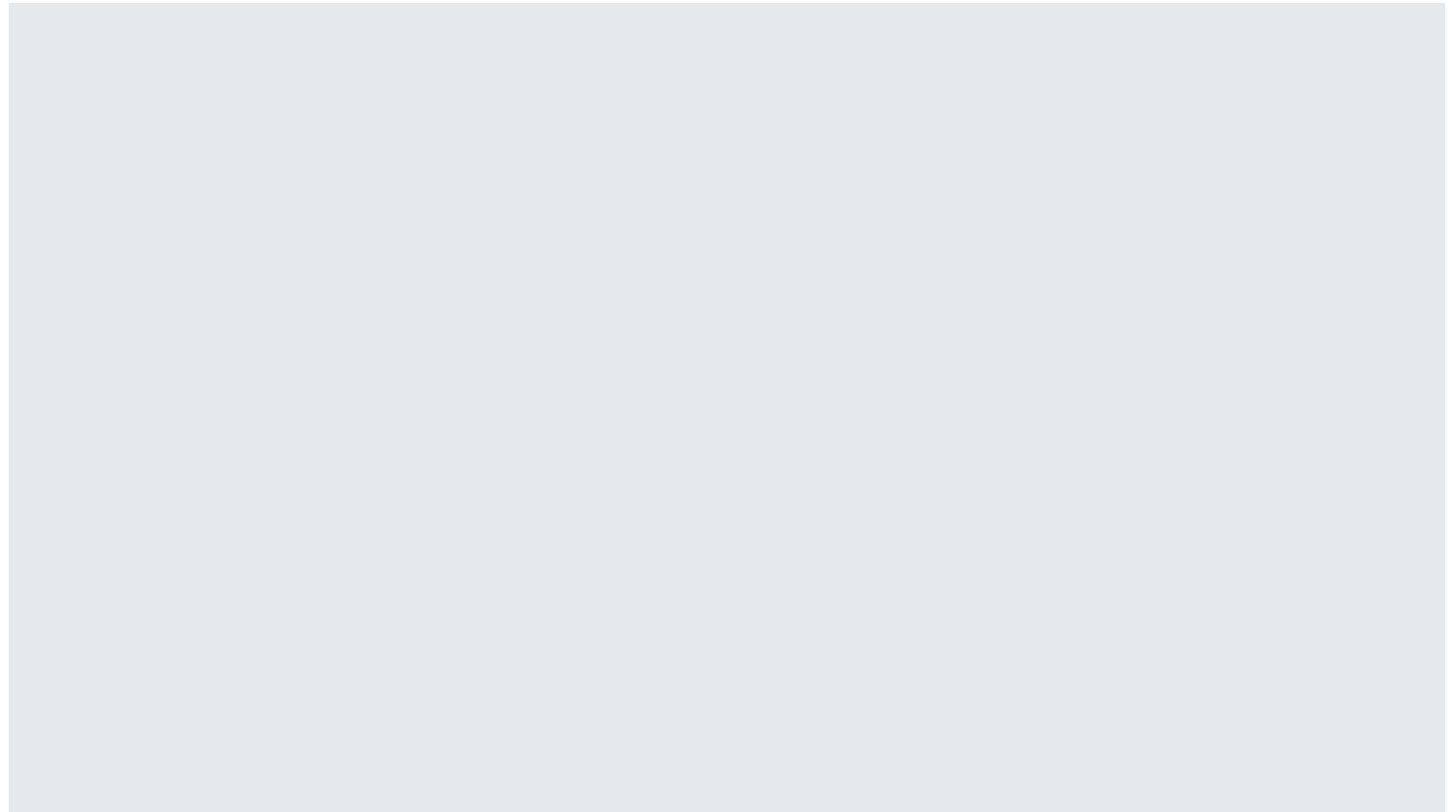
<input type="checkbox"/> 16 – 24	<input type="checkbox"/> 35 – 44	<input type="checkbox"/> 55 – 64	<input type="checkbox"/> Over 75
<input type="checkbox"/> 25 – 34	<input type="checkbox"/> 45 – 54	<input type="checkbox"/> 65 – 74	<input type="checkbox"/> Do not wish to answer

Equality Monitoring Form

BCoT operates an Equality Policy. To help us make sure that everybody is treated fairly and equally we need to know who is making complaints. This information will help us to develop and change our policies and practices to ensure that no one is discriminated against. To help us to do this we request that you complete the questions below. You do not have to do so but this information would be helpful to us. All of the information you give will be treated with the strictest of confidence and will be used for monitoring purposes only.

Compliment or Complaint

Please set out clearly the nature and origin of your compliment/complaint.



If this is a complaint, please describe the steps you have taken to resolve your complaint informally. If this has not been possible, or the outcome is not satisfactory, please explain why.

