

# Tell us how we are doing

BASINGSTOKE  
COLLEGE of  
TECHNOLOGY

BCoT

Equality of Opportunity: Please complete the following information accurately to help the College comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by a limited number of staff and our reporting mechanisms guarantee data protection.

## Your details:

Student Name:  Student ID:

Curriculum Area:  Course Title:

Email:  Course Tutor:

Date of Birth:  Telephone/Mobile No:

Address:   
Postcode:

Please indicate preferred method of contact for response:

### Details of complaint/compliment:

### How would you like this complaint to be resolved:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	If female, are you pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I would describe my ethnic origin as: - (Please tick appropriate box)

Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Mixed - White and Black Caribbean	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Ethnic Background	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

The following questions are not compulsory but we would appreciate you providing this information for equality monitoring purposes.

Do you have a disability? Yes  No

If yes please state your disability \_\_\_\_\_

Sexual Orientation – Homosexual / Gay / Lesbian  Bisexual  Heterosexual

Faith or Belief \_\_\_\_\_

Gender reassignment

Is your gender the gender you were assigned at birth? YES  NO

Or are you proposing to undergo, undergoing, or have undergone, a change of gender YES  NO

Now hand this form in to Reception or post to:

Basingstoke College of Technology, Worting Road, Basingstoke RG21 8TN