

Bradford Early Years and Childcare Service Training Grant Monitoring Form

Course Title: _____

Date(s): _____

Course Venue: _____

1. Title (please tick as appropriate):

Mr Ms Mrs Miss Other

2. Surname: _____ Forename(s): _____

3. Address/Postcode: _____

4. Telephone/Mobile Number: _____

5. National Insurance Number: _____

6. Date of Birth: _____

7. Gender: Male Female

8. Age Range:
16-24 25-39 40-49 50+

9. Ethnic Origin:

| | | | |
|---------------------------------|--------------------------|-----------------------------------|--------------------------|
| White - English | <input type="checkbox"/> | White - Scottish | <input type="checkbox"/> |
| White - Welsh | <input type="checkbox"/> | White - Irish | <input type="checkbox"/> |
| Any other White | <input type="checkbox"/> | Mixed - White and Black Caribbean | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Mixed - White and Asian | <input type="checkbox"/> |
| Any other Mixed | <input type="checkbox"/> | Asian/Asian British - Indian | <input type="checkbox"/> |
| Asian/Asian British - Pakistani | <input type="checkbox"/> | Asian/Asian British - Bangladeshi | <input type="checkbox"/> |
| Asian/Asian British - Kashmiri | <input type="checkbox"/> | Any other Asian | <input type="checkbox"/> |
| Black/Black British - Caribbean | <input type="checkbox"/> | Black/Black British - African | <input type="checkbox"/> |
| Any other Black | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |

Any other ethnic group (please specify): _____

10. Do you have a disability? Yes No Prefer not to say

11. Are you registered disabled? Yes No Prefer not to say

12. What is your employment status?

| | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Employed full time (26 hrs or more) | <input type="checkbox"/> | Employed part time (25 hrs or less) | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| In education | <input type="checkbox"/> | Retired | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Declaration:

I declare that the details given on this form are true to the best of my knowledge. I agree to the above details being stored on the BEYCS training database. The details will be used for audit purposes only.

Signed: _____ **Date:** _____