

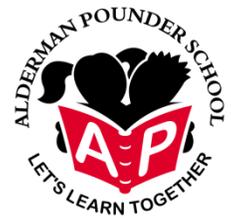
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Head Teacher: Mrs J Shelton

Dear Parents and Carers

The Equalities Act 2010 – Consultation with Parents and Carers

From October 2010 the Equality Act has streamlined all general anti-discrimination law for private, public and voluntary sector employment and services.

Discrimination means treating someone less (or more) favorably than a "comparator". It can be direct, indirect or "arising from disability". Harassment (which is one form of discrimination) means violating someone's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Victimisation means discrimination because of a previous complaint.

Previous duties only covered race, gender, disability and community cohesion. The main change for schools is the addition of religion or belief and sexual orientation, and pregnancy and maternity, gender identity and age.

From April 2011 the Act will also introduce a single Equality Duty which will apply to schools. In respect of all the protected characteristics except age and marriage / civil partnership, this new public sector equality duty will require us to have due regard to the need to:

- (a) eliminate unlawful discrimination, harassment, and victimisation;
- (b) advance equality of opportunity, and
- (c) foster good relations.

Advancing equality of opportunity involves:

- (a) removing or minimising disadvantages,
- (b) taking steps to meet people's needs, and
- (c) encouraging participation in any activity in which participation by such people is disproportionately low.

Fostering good relations involves:

- (a) tackling prejudice, and
- (b) promoting understanding.

Schools are expected to gather and analyse equality information relating to all the protected characteristics listed in the Act.

Therefore we would be extremely grateful if you could complete the questionnaire attached and return it to school (in the confidential envelope attached). All replies are anonymous.

Regards,



Mrs J Shelton
Head Teacher

Equalities Act 2010 Information Collection

All information you give will be treated sensitively and only used to improve the provision we make in school. If you have two or more children in school it is important that you ask for additional forms.



1. Do you consider yourself or your child to have a disability?	Child	YES/NO	
	Mother	YES/NO	
	Father	YES/NO	
If you have answered yes for your child please continue with question 2			
If you have answered yes for yourself / partner please continue with question 7			
If you have answered no to both of these questions please go to question 11			
2. What is the nature of your child's disability/ condition? Please tick all that apply (this is not an exhaustive list).			
Physical Impairment	Speech Impairment	Learning Difficulty	Medical Condition
Mental Illness	Behavioural Difficulties	Dyslexia	Dyspraxia
ADHD	Autism	Aspergers	
Other (please give details)			
3. Are any outside agencies involved with your child? If so, please give details.			
4. How does their disability affect normal day-to-day living?			
5. How might their disability affect them in school?			
6. How do you feel we are enabling your child to make progress? Is there anything else we could do to support their curricular needs?			
7. As a disabled parent/carer are your access needs being met in school? Can you access the buildings? Do you have any other access problems?			

8. If no, what could we do differently to ensure that your needs are met?								
9. As a disabled parent/carer do we communicate with you effectively?					YES/NO			
10. If no, how could we communicate with you more effectively?								
11. What is your ethnicity (please circle)								
Prefer not to say								
British	Pakistani	White and Black Caribbean	African	Chinese				
Irish	Indian	White and Black African	Caribbean					
Any other white background	Bangladeshi	White and Asian	Any other Black background					
	Any other Asian background	Any other Mixed background						
12. What is your sexual orientation?								
Gay	Lesbian	Bisexual	Heterosexual	Other	Prefer not to say			
13. What is your age?								
Prefer not to say	Under 16	16-24	25-34	35-44	45-55	55-64	65-74	75+
14. Is your gender the same as when you were born?								
Yes			No			Prefer not to say		

Thank you for taking the time to complete this questionnaire.

If you wish to give your name or your child's name, please do so below. (this is optional)

NameChild's Name