Somerville College Ref:	: E233

# **Equal Opportunities Monitoring Form (Recruitment)**

#### **CONFIDENTIAL**

Higher education institutions have a legal duty to collect, analyse and publish equal opportunity data about characteristics that are protected against discrimination under the Equality Act 2012, such as age, race, and disability. Somerville is keen to comply with this legal duty so that it is able to measure the effectiveness of its equality policies, and to ensure that those who work and study at Somerville are treated equally and discrimination involving the 'protected characteristics' is avoided.

Therefore we need you to provide the College with your personal equal opportunities data by completing and returning this form to the Human Resources team. Any information you provide will be presented in an anonymous format and any data that has the potential to identify you as an individual will not be published. The information collected through this form will be held on the Human Resources database and will be accessible only by the Human Resources staff. Data you supply will be kept strictly confidential and according to the Data Protection Act 1998.

### Please answer the questions below by completing or ticking the appropriate box.

Age							
		1	Prefe	Prefer not to say			
Sex/Gender							
	Male	Female	Prefe	er not to say			
Disability							
•	a physical or mental impairme	ent, and the impairment has a	substan	tial (i.e. more than	minor or t	rivial)	
and long-term adverse	effect on your ability to carry o	ut normal day-to-day activities					
				No known	Prefer no	ot to	
Do you have a disabilit	y or a long term medical condi	tion that has lasted for at	Yes	disability	say		
	ikely to last for at least 12 mor	nths, or is likely to last for the					
rest of your life?							
What is your disability	?						
		Deaf or serious hearin	g impaii	rment			
Blind or serious impairr	ment uncorrected by glasses				ng illness or health condition such as cancer,		
	HIV, diabetes, chronic heart disease, or epilepsy						
	nts and/or disabling medical		Mental health condition, such as depression,				
conditions	onditions schizophrenia or anxiety disorder General Learning disability (such as Down's Physical impairment or mobility issues, such as difficulty		:cc: l				
syndrome			using arms or using a wheelchair or crutches				
Social/communication i	imnairment such as	A specific learning diff			nraxia or		
Asperger's syndrome/o		AD(H)D	louity se	acii as aysickia, ays	or ania or		
disorder	•						
	t or medical condition not	Prefer not to say					
listed above							
Ethnicity							
		lace of birth, or citizenship, the	y are ab	out colour and eth	nic group.		
What is your ethnicity?	?					1	
White		Other Asian backgroui	nd				
Gypsy or Traveller		Mixed - White and Bla	ack Caribbean				
Black or Black British - (	Caribbean	Mixed - White and Bla	ck Afric	an			
Black or Black British - A	African	Mixed - White and Asi	an				
Other Black background	b	Any other mixed back	ground				
Asian or Asian British -	Indian	Arab					
Asian or Asian British - I	Pakistani	Other ethnic backgrou	ınd				
Asian or Asian British - I	Bangladeshi	Not known					
Chinese		Prefer not to say					

What is your sexual orientation?						
Bisexual	Gay woman / Lesbian					
Heterosexual	Other	Other				
Gay man	Prefer not to say	Prefer not to say				
Religion or Belief (including lack of What is your religion?  Atheism	of belief)  Judaism				1	
Buddhism	Sikhism					
Christianity	Spiritualism	Spiritualism				
Hinduism	Any other religion or b	Any other religion or belief				
Islam	No religion	No religion				
Jainism	Prefer not to say	Prefer not to say				
Marriage and Civil Partnership						
Are you married or in a civil partnership?		Yes	No	Prefer not t	o say	
Nationality		<u> </u>	I			
rationality						
What is your nationality?		Prefer r	not to say			

## Please return one copy of this form to the Human Resources Manager

By hard copy to: Somerville College, Woodstock Road, Oxford. OX2 6HD

Or by email to: human.resources@some.ox.ac.uk

# Thank you.

**Code:** (Please note that the code used at the top of this form is a unique number and identifies the person who has completed this form only to the Human Resources Manager and Human Resources Administrator).