Somerville College Ref: E236

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will be presented in an anonymous format and any data that has the potential to identify you as an individual will not be published.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								
3			Prefer not to say					
Sex/Gender								
	Male	Female	Prefer not to say					
Disability		1	I					
_	a physical or mental impairme	ent, and the impairment has a s	ubstantial (i.e. more th	an minor or	trivial)		
and long-term adverse	effect on your ability to carry o	out normal day-to-day activities				,		
Do you have a disability or a long term medical condition that has lasted for at least 12 months, or is likely to last for at least 12 months, or is likely to last for the rest of your life?			Yes	No	Prefer not to say			
What is your disability	?							
No known disability		Deaf or serious hearing	g impairment					
Blind or serious impairment uncorrected by glasses			Long standing illness or health condition such as cancer,					
		HIV, diabetes, chronic			Sy			
Two or more impairments and/or disabling medical			Mental health condition, such as depression,					
conditions General Learning disability (such as Down's			schizophrenia or anxiety disorder Physical impairment or mobility issues, such as difficulty					
syndrome			using arms or using a wheelchair or crutches					
Social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder			A specific learning difficulty such as dyslexia, dyspraxia or					
A disability, impairment or medical condition not listed above		Prefer not to say	Prefer not to say					
		lace of birth, or citizenship, they	are about o	colour and e	thnic group.			
What is your ethnicity	<u>'</u>	Other Asian backgroun	. d					
Gypsy or Traveller		Other Asian backgroun Mixed - White and Black						
Black or Black British -	Caribboan	Mixed - White and Blad						
Black or Black British - A								
			ixed - White and Asian ny other mixed background					
Other Black backgroun Asian or Asian British -		Arrab	ıounu					
Asian or Asian British -		Other ethnic backgrou	nd					
			iiu					
Asian or Asian British -	Dariylauesiii	Not known						
Chinese		Prefer not to say						

Sexual Orientation						
What is your religion?					1	
Bisexual	Gay woman / Lesb	Gay woman / Lesbian				
Heterosexual	Other	Other				
Gay man	Prefer not to say	Prefer not to say				
Religion or Belief (including lack of beliwhat is your religion?	ief)					
Atheism	Judaism	Judaism				
Buddhism	Sikhism	Sikhism				
Christianity	Spiritualism	Spiritualism				
Hinduism	Any other religion	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?			No	Prefer not to say		
Nationality			'			
What is your nationality?		Prefer r	Prefer 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: (Note –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).