Equal Opportunities Monitoring Form

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will be presented in an anonymous format and any data that has the potential to identify you as an individual will not be published.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:	Date of Birth:		Prefer not to say						
Sex/Gender	Male	Female	Prefer not to say						
(this refers to your legal sex)									
Disability									
	al or mental impairmen	t, and the impairment has a s	ubstan	tial (i.e. more than mir	nor or t	rivial)			
					-				
			Yes	No known disability					
least 12 months, or is likely to l rest of your life?	ast for at least 12 mont	hs, or is likely to last for the			to say	/			
What is your disability?									
Blind or serious impairment und	Deaf or serious hearing impairment medical Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy Mental health condition, such as depression, schizophrenia or anxiety disorder Im Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches A specific learning difficulty such as dyslexia, dyspraxia or								
T									
Two or more impairments and/or disabling medical conditions									
General Learning disability (such as Down's									
syndrome									
Social/communication impairme									
Asperger's syndrome/other autistic spectrum									
disorder									
A disability, impairment or medical condition not listed above									
Prefer not to say									
Ethnicity	an al an an an tha an tha an th	and a Challen and a third and a fact of the second		and a star second subjects a					
	ot about nationality, pla	ce of birth, or citizenship, they	are ac	out colour and ethnic (group.				
What is your ethnicity? White		Other Asian backgroup	4						
Gypsy or Traveller		0	ixed - White and Black Caribbean						
Black or Black British - Caribbea	n								
Black of Black British - Calibbea			Mixed - White and Black African Mixed - White and Asian						
Other Black background			Any other mixed background						
Asian or Asian British - Indian		Ariy other mixed backy	Junu						
Asian or Asian British - Pakistani	i		nd						
Asian or Asian British - Banglade		· · · · ·	other ethnic background						
Chinese		Prefer not to say							
onnioso		There hot to say				1			

Sexual Orientation							
What is your sexual orientation?							
Bisexual		Gay woman / Lesbian					
Heterosexual		Other					
Gay man		Prefer not to say					
Religion or Belief (including lack What is your religion?	of belief)						
Atheism		Judaism					
Buddhism		Sikhism					
Christianity		Spiritualism					
Hinduism		Any other religion or belief					
Islam		No religion					
Jainism		Prefer not to say					
Marriage and Civil Partnership Are you married or in a civil partnershi	ip?		Yes	No	Prefer not	to say	
Nationality							
What is your nationality?			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: <u>human.resources@some.ox.ac.uk</u>

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).