# Somerville College

### CONFIDENTIAL

# **Equal Opportunities Monitoring Form**

Ref: E329

Please see overleaf for information on why we request this data and how to return the form to us.

### Please answer the questions below by completing or ticking the appropriate box. <u>Completion of this form is voluntary.</u>

| Age:   | Date of Birth:          |          |  |                   | Prefer not to say |                   |                     |               |  |
|--|-------------------------|----------|--|-------------------|-------------------|-------------------|---------------------|---------------|--|
| Sex/Gender<br>(this refers to your legal sex)                              | Male                    |          | Female   |                   | Prefe             | Prefer not to say |                     |               |  |
| Disability - Disability is defined   | d as a physical or ment | al im    | pairment, a  | nd the imp        | airment           | has a substa      | ntial (i.e. more th | าลท           |  |
| minor or trivial) and long-term  | adverse effect on your  | abilit   | ty to carry o  | out normal        | day-to-           | day activities    |                     |               |  |
| Do you have a disability or a long term medical condi                      |                         |          |  |                   |                   | known             | Prefer not to       | Prefer not to |  |
| lasted for at least 12 months, or is likely to last for at                 |                         | least    | t 12   |                   | dis               | ability           | say                 |               |  |
| months, or is likely to last for t   | -                       |          |  |                   |                   |                   |                     |               |  |
| If yes, what is your disability? (indicate below)                          |                         |          | Prefer not to say  |                   |                   |                   |                     |               |  |
| Blind or serious impairment uncorrected by glasses                         |                         |          | Deaf or serious hearing impairment   |                   |                   |                   |                     |               |  |
| Two or more impairments and/or disabling medical                           |                         |          | Long standing illness or health condition such as cancer,  |                   |                   |                   |                     |               |  |
| conditions   |                         |          | HIV, diabetes, chronic heart disease, or epilepsy  |                   |                   |                   |                     |               |  |
| General Learning disability (such as Down's                                |                         |          | Mental health condition, such as depression,   |                   |                   |                   |                     |               |  |
| syndrome) Social/communication impairment such as                          |                         |          | schizophrenia or anxiety disorder         Physical impairment or mobility issues, such as difficulty |                   |                   |                   |                     |               |  |
| Asperger's / other autistic spectrum disorder                              |                         |          | using arms or using a wheelchair or crutches   |                   |                   |                   |                     |               |  |
| A disability, impairment or medical condition not                          |                         |          | A specific learning difficulty such as dyslexia, dyspraxia or  |                   |                   |                   |                     |               |  |
| listed above   |                         |          | AD(H)D   |                   |                   |                   |                     |               |  |
| Ethnicity - this question is not   | about nationality, plac | e of b   | oirth, or citi   | zenship, it i     | s about           | colour and e      | ethnic group.       |               |  |
| What is your ethnicity?  |                         |          |  |                   |                   |                   |                     |               |  |
| White  |                         |          | Other Asian background   |                   |                   |                   |                     |               |  |
| Gypsy or Traveller   |                         |          | Mixed - White and Black Caribbean  |                   |                   |                   |                     |               |  |
| Black or Black British - Caribbean   |                         |          | Mixed - White and Black African  |                   |                   |                   |                     |               |  |
| Black or Black British - African   |                         |          | Mixed - White and Asian  |                   |                   |                   |                     |               |  |
| Other Black background   |                         |          | Any other mixed background   |                   |                   |                   |                     |               |  |
| Asian or Asian British - Indian  |                         |          | Arab<br>Other ethnic background  |                   |                   |                   |                     |               |  |
| Asian or Asian British - Pakistani<br>Asian or Asian British - Bangladeshi |                         |          | Other ethnic background Not known  |                   |                   |                   |                     |               |  |
| Chinese  |                         |          | Prefer not to say  |                   |                   |                   |                     |               |  |
| Sexual Orientation - What is   | vour sexual orientatio  | n?       |  | t to 30y          |                   |                   |                     |               |  |
| Bisexual   | your sexual orientatio  |          | Gay wom  | an / Lesbiar      | <u> </u>          |                   |                     |               |  |
| Heterosexual   |                         |          | Other  |                   |                   |                   |                     |               |  |
| Gay man  |                         |          | Prefer not to say  |                   |                   |                   |                     |               |  |
| Religion or Belief (including  | lack of belief) - What  | is vo    |  | -                 |                   |                   |                     |               |  |
| Atheism  |                         |          | Judaism  |                   |                   |                   |                     |               |  |
| Buddhism   |                         |          | Sikhism  |                   |                   |                   |                     |               |  |
| Christianity   |                         |          | Spiritualism   |                   |                   |                   |                     |               |  |
| Hinduism   |                         |          | Any other religion or belief   |                   |                   |                   |                     |               |  |
| Islam  |                         |          | No religion  |                   |                   |                   |                     |               |  |
| Jainism  |                         |          | Prefer not to say  |                   |                   |                   |                     |               |  |
| Marriage and Civil Partnersl   | nip - Are you married o | or in a  | a civil partr  | nership?          |                   | 1                 |                     |               |  |
|  |                         | Yes      |  | No                |                   | Prefer not to say |                     |               |  |
| Nationality - What is your nat   | tionality?              | <u> </u> |  |                   |                   | 1                 |                     |               |  |
|  | -                       |          |  | Prefer not to say |                   |                   |                     |               |  |
|  |                         |          |  |                   |                   |                   |                     |               |  |

### **Equal Opportunities Monitoring Information**

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.

**Code:** 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.

Somerville's equality policy and reports can be found on <u>www.some.ox.ac.uk/equality</u>

### 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.