Somerville College CONFIDENTIAL

Equal Opportunities Monitoring Form

| Ref: | F414 | |
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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. Completion of this form is voluntary.

| 0.00 | Date of Binth | | | | Prefer not to say | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|---------------------------------------------------------------|----------------|-------------------|-------------------|--------------------|--|--|--|
| Age: | Date of Birth: | | F I. | | | , | | | | |
| Sex/Gender | Male | | Female | | Prefer not to say | | | | | |
| (this refers to your legal sex) | | | | | | | | | | |
| Disability - Disability is defined | | | | | | | al (i.e. more than | | | |
| minor or trivial) and long-term | | | | l | | | Τ | | | |
| Do you have a disability or a long term medical condition | | | | | | o known | Prefer not to | | | |
| lasted for at least 12 months, or is likely to last for at | | least | ıst 12 | | dis | disability say | | | | |
| months, or is likely to last for the | ne rest of your life? | 1 | | | | | | | | |
| 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) | | | schizophrenia or anxiety disorder | | | | | | | |
| Social/communication impairm | | | 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 | | | | | | | | | | |
| Ethnicity - this question is not a | about nationality, place | e of b | irth, or citi | zenship, it is | abou | t colour and ethn | ic group. | | | |
| What is your ethnicity? | | 1 1 | 0.1 4.1 | | | | | | | |
| White | | | Other Asian background | | | | | | | |
| Gypsy or Traveller | | | Mixed - White and Black Caribbean | | | | | | | |
| Black or Black British - Caribbean | | | Mixed - White and Black African Mixed - White and Asian | | | | | | | |
| Black or Black British - African | | | | | | | | | | |
| Other Black background Asian or Asian British - Indian | | | Any other mixed background Arab | | | | | | | |
| Asian or Asian British - Pakistani | | | Other ethnic background | | | | | | | |
| Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi | | | Not known | | | | | | | |
| Chinese | | | Prefer not to say | | | | | | | |
| Sexual Orientation - What is y | our sevual orientation | n2 | T TCTCT TIO | to say | | | | | | |
| Bisexual | your sexual offentation | 11. | Gay wom: | an / Lachian | | | | | | |
| Heterosexual | | | Gay woman / Lesbian Other | | | | | | | |
| Gay man | | | Prefer not to say | | | | | | | |
| Religion or Belief (including | lack of helief) - What | is voi | | • | | | | | | |
| Atheism | dek of belief - wildt | . 13 you | Judaism | i | | | | | | |
| Buddhism | | | Sikhism | | | | | | | |
| Christianity | | | Spiritualism | | | | | | | |
| Hinduism | | | Any other religion or belief | | | | | | | |
| Islam | | | No religion | | | | | | | |
| Jainism | | | Prefer not to say | | | | | | | |
| Marriage and Civil Partnersh | in - Are you married o | or in a | | · · · | | | <u> </u> | | | |
| The state of the s | , sa married c | Yes | | No | | Prefer not to s | av | | | |
| | | | | · · • | | | 1 | | | |
| Nationality - What is your nat | ionality? | | | | | | | | | |
| | 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 www.some.ox.ac.uk/equality

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.