

EQUAL OPPORTUNITIES APPLICANT MONITORING FORM

CONFIDENTIAL

Lady Margaret Hall is committed to ensuring equality of opportunity in its recruitment and employment practices. No job applicant will be treated less favourably than others on the grounds of race, gender, nationality, marital status, employment status, disability, sexuality, age, religious belief, political persuasion, trade union activity or H.I.V status.

As part of our monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

- The information from this form will be regarded as confidential and will only be used for statistics.
- Should you choose not to complete this form this will not affect your application.

Please answer the following questions by ticking the appropriate box or writing in the space provided.

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

Post applied for: <input style="width: 75%; height: 20px;" type="text"/>					
Age:	16 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65+ <input type="checkbox"/>				
Gender:	Man/male <input type="checkbox"/> Woman/Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Gender fluid <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I prefer to self-describe (please write in space) _____				
Marriage and Civil Partnership					
Are you married or in a civil partnership? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>					
Disability					
Do you have a disability or long term medical condition? i.e. a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.					
<input type="checkbox"/>	Yes, please complete Q4.	<input type="checkbox"/>	No known disability	<input type="checkbox"/>	Prefer not to say
Please tick one or more boxes: <i>The definitions of disability are those of the Higher Education Statistic Agency</i>					
4.1:	Two or more impairments and/or disabling medical conditions	4.6:	A mental health condition, such as depression, schizophrenia or anxiety disorder		
4.2:	A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	4.7:	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches		
4.3:	General learning disability (such as Down’s syndrome)	4.8:	Deaf or serious hearing impairment		
4.4:	A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder	4.9:	Blind or a serious visual impairment uncorrected by glasses		
4.5:	A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	4.10:	A disability, impairment or medical condition not listed above. Please state:		
		4.11:	Prefer not to say		

Nationality: Please state your nationality (including any joint nationality):

Ethnic Origin

Please describe your ethnic origin: *(please tick one box only)*

The ethnic origin definitions are those of the Higher Education Statistic Agency.

White

- White
- White Irish

Black or Black British

- Black or Black British - Caribbean
- Black or Black British - African
- Other Black Background

please specify: _____

Asian or Asian British

- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Chinese
- Other Asian Background

please specify _____

Gypsy or Traveller

- Gypsy / Traveller

Arab

- Arab

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed Background

please specify: _____

Other Ethnic Group

- Any other
please specify _____
- Prefer not to say

Sexual Orientation

What is your sexual orientation?

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Gay woman / lesbian
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say
			Please specify: _____		

Religion or belief (including lack of belief)

What is your religion?

- Atheist
- Buddhist
- Christian
- Hindu
- Muslim

- Jain
- Jewish
- Sikh
- Spiritualist
- Agnostic

- No religion
- Prefer not to say
- Any other religion or belief
please specify _____

Please return this form to the HR at Lady Margaret Hall. Thank you.