

EQUAL OPPORTUNITIES MONITORING FORM

Cambridge SU is committed to creating an organisation in which all members and employees are respected, discrimination is not tolerated and diversity is encouraged. All members and employees will be treated fairly and with respect. There is no obligation to provide the information below, and failure to provide it will not affect the selection process. The information will not be seen or used by anyone making selection decisions. The data collected are confidential to the organisation and will be kept in compliance with Data Protection legislation. By submitting this form completed you give consent to our processing of this data.

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| NAME |  | ROLE APPLIED FOR |  |
| DATE OF  BIRTH |  | | |

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| --- | --- | --- |
| GENDER | | |
| Please define: | | Prefer not to say: |
| Is your gender the same as assigned at birth? | | |
| Yes: | No: | Prefer not to say: |

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| --- | --- |
| ETHNICITY | |
| Choose ONE section from A to F, and then tick the appropriate box | |
| 1. White | British Irish Welsh Scottish  English  Any other White background please specify: |
| 1. Mixed Heritage | White & Black Caribbean White & Asian  White & Black African Any other mixed  background  please specify: |
| 1. Asian or Asian British | Indian Pakistani  Bangladeshi Any other Asian background  Please specify: |
| 1. Black or Black British | Caribbean African  Any other Asian background  Please specify: |
| 1. Chinese or other ethnic group | Chinese Any other  Please specify: |
| 1. Prefer not to say |  |

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| --- | --- | --- |
| HOW DO YOU DESCRIBE YOURSELF? | | |
| Heterosexual: | Bisexual: | Gay: |
| Lesbian: | Queer: | Prefer not to say: |
| In any other way: | | |

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| DISABILITY | |
| Disability is defined by the Disability Discrimination Act as: A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months. | |
| Do you consider yourself to have a disability or long-term health condition? | |
| Yes: | No: |
| What is the effect or impact of your disability? | |
| Please indicate whether, if selected for interview, you have any specific access requirements: | |