H:\Maternity\Justa Milinska - letter responding to confirmation of 1st day of maternity leave_files\image002.png **CONFIDENTIAL**

**Equal Opportunities Monitoring Form (applicants)**

**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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job applied for:** | | | **Age:** | | | | | Prefer not to say | | | | |
|  | | |  | | | | |  | | | | |
| **Sex**  (this refers to your legal sex) | | | **Male** | | **Female** | | | Prefer not to say | | | | |
|  | | |  | |  | | |  | | | | |
| **Do you have a disability or a long-term medical condition that has lasted for at least 12 months, or is likely to last for at least 12 months, or is likely to last for the rest of your life?** | | | | | | | Yes | | No known disability | | Prefer not to say | |
| **If yes, what is your disability? (indicate below)** | | | |  | | | | | | | | |
| Blind or serious impairment uncorrected by glasses | | | |  | Deaf or serious hearing impairment | | | | | | |  |
| Two or more impairments and/or disabling medical conditions | | | |  | Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | | | | | | |  |
| General Learning disability (such as Down’s syndrome) | | | |  | Mental health condition, such as depression, schizophrenia or anxiety disorder | | | | | | |  |
| Social/communication impairment such as Asperger’s / other autistic spectrum disorder | | | |  | Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | | | | | | |  |
| A disability, impairment or medical condition not listed above | | | |  | A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | | | | | | |  |
| Other | | | |  | Prefer not to say | | | | | | |  |
|  | | | |  |  | | | | | | |  |
| **Ethnicity** - this question is not about nationality, place of birth, or citizenship, it is about colour and 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 | | | | | | |  |
| Asian or Asian British - Pakistani | | | |  | Other ethnic background | | | | | | |  |
| Asian or Asian British - Bangladeshi | | | |  | Not known | | | | | | |  |
| Chinese | | | |  | Prefer not to say | | | | | | |  |
|  | | | |  |  | | | | | | |  |
| **Sexual Orientation -** What is your sexual orientation? | | | | | | | | | | | | |
| Bisexual | | | |  | Gay woman / Lesbian | | | | | | |  |
| Heterosexual | | | |  | Other | | | | | | |  |
| Gay man | | | |  | Prefer not to say | | | | | | |  |
|  | | | |  |  | | | | | | |  |
| **Gender**– Is the gender you identify with the same as your sex registered at birth? | | | | | | | | | | | | |
| Yes | | | |  | No | | | | | | |  |
| Other – please specify: | |  | | | Prefer not to say | | | | | | |  |
|  | | | |  |  | | | | | | |  |
| **Religion or Belief (including lack of belief)** - What is your religion? | | | | | | | | | | | | |
| Atheism | | | |  | Judaism | | | | | | |  |
| Buddhism | | | |  | Sikhism | | | | | | |  |
| Christianity | | | |  | Spiritualism | | | | | | |  |
| Hinduism | | | |  | Any other religion or belief | | | | | | |  |
| Islam | | | |  | No religion | | | | | | |  |
| Jainism | | | |  | Prefer not to say | | | | | | |  |
| Other, please specify: |  | | | |  | | | | | | |  |
|  | | | |  |  | | | | | | |  |
| **Marriage and Civil Partnership** - Are you married or in a civil partnership? | | | | | | | | | | | | |
|  | | | | Yes | | No | | | | Prefer not to say | | |
|  | | | |  | |  | | | |  | | |
| **Nationality** - What is your nationality? | | | | | | | | | | | | |
|  | | | | | Prefer not to say | | | | | | | |

**Recruitment 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. The Equality Act 2010 brings together and extends existing equality legislation. The Act introduces protected characteristics in relation to which discrimination is unlawful. The protected characteristics under the Act are:

* Age
* Disability
* Gender Reassignment
* Marriage and civil partnerships
* Pregnancy and maternity
* Race
* Religion or belief
* Sex
* Sexual orientation

Oriel College is committed to equality of opportunity.

Oriel is committed to appointing the best candidate on the basis of their ability to do the job. The codes of practice published by the Equal Opportunities Commission and the Equality and Human Rights Commission advise employers to monitor the outcome of section decisions to ensure that discrimination does not occur within the recruitment and selection process. The completion of this form is optional and any information provided is used for monitoring purposes only.

**Please return one copy of this form to the Human Resources Officer via email: hr@oriel.ox.ac.uk or by post to: HR Office, Oriel College, Oriel Square, Oxford. OX1 4EW**

**Thank you.**