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| Reference: | I | B | J | R | F | 2 | 3 |  |

**EQUAL OPPORTUNITIES APPLICANT MONITORING FORM CONFIDENTIAL**

*If you require this form in an alternative format please contact the HR Department at Wolfson College at human.resources@wolfson.ox.ac.uk.*

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 | * race |
| * disability | * religion or belief (including lack of belief) |
| * gender reassignment | * sex |
| * marriage and civil partnership | * sexual orientation |
| * pregnancy and maternity |  |

Higher education institutions have a duty to have effective arrangements for the collection and analysis of data for equality monitoring purposes. Any information given will be used ***only*** to support the College’s diversity and equal opportunities policy and in accordance with the principles of the Data Protection Act 2018. The information will be entered on a computer in Wolfson College and will be kept strictly confidential and separate from your name and your application. **It is not part of the selection process.** The information you give will be retained only for statistical purposes and is anonymous. The reference at the top of the page is the date the job advert closed, so that we know the year and month the data was collected in, which assists with analysis.

The policy and practice of Wolfson College require that entry into employment with the College and progression within employment will be determined only by personal merit and the application of criteria which are related to the duties of each particular post. Subject to statutory provisions, no applicant or member of staff will be treated less favorably than another because of any of the above protected characteristics. In all cases, ability to perform the job will be the primary consideration.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sex** | | | | | | | Male: | |  | | | Female: | | |  | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Under 18 | | | |  | |  | 18-25 | | |  |  | 26-30 | |  |  | | 31-35 | |  | | |  | 36-40 | | |  | |  | | 41-45 | | |  | |  | | 46-50 | | | | |  |  | 51-55 |  |  | 56-60 |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 61-65 | | |  | |  | 66-70 | |  | |  | 71 + | | |  | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marriage and Civil Partnership** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | |  | | | |  | |  | | | | | | | |
| 1. | | | | | | Are you married? | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | | |  | | No | | | |  | | Prefer not to say | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | Are you in a civil partnership? | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | | |  | | No | | | |  | | Prefer not to say | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | |  | | | |  | |  | | | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | |  | | | |  | |  | | | | | | | |
| 3. | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | Yes, please complete Q4. | | | | | | | | | | | | | |  | |  | | No known disability | | | | | | | | | | | | | | | |  | | |  | | Prefer not to say | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | Please tick one or more boxes: *The definitions of disability are those of the Higher Education Statistic Agency* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Ethnic Origin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | Please describe your ethnic origin: *(please tick one box only)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | *The ethnic origin definitions are those of the Higher Education Statistic Agency.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | **Black or Black British** | | | | | | | **Asian or Asian British** | | | | | | | | | |
| *5.1:* |  | | | | | White | | | | | | | | *5.3:* | | |  | | Black or Black British -Caribbean | | *5.6:* | | | |  | | | Asian or Asian British - Indian | | |
|  | | | | | | | | | | | | | | *5.4:* | | |  | | Black or Black British - African | | *5.7:* | | | |  | | | Asian or Asian British - Pakistani | | |
| ***Gypsy or Traveller*** | | | | | | | | | | | | | | *5.5:* | | |  | | Other Black Background | | *5.8:* | | | |  | | | Asian or Asian British-Bangladeshi | | |
| *5.2:* |  | | | | | Gypsy or Irish Traveller | | | | | | | |  | | | | | *please specify:………………………..* | | *5.9:* | | | |  | | | Chinese | | |
|  | | | | | | | | | | | | | |  | | | | | | | *5.10:* | | | |  | | | Other Asian Background | | |
|  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | *please specify:……………………* | |
| **Arab** | | | | | | | | | | | | | | **Mixed** | | | | | | | **Other Ethnic Group** | | | | | | | | | |
| *5.11:* | |  | | | | | Arab | | | | | | | *5.12:* | | |  | | White and Black Caribbean | | *5.16:* | | | | |  | | Any other | | |
|  | | | | | | | | | | | | | | *5.13:* | | |  | | White and Black African | |  | | | | | | | *please specify ………………………* | | |
|  | | | | | | | | | | | | | | *5.14:* | | |  | | White and Asian | |  | | | | | | |  | | |
|  | | | | | | | | | | | | | | *5.15:* | | |  | | Other Mixed Background | | *5.17:* | | | | |  | | Prefer not to say | | |
|  | | | | | | | | | | | | | |  | | | | | *please specify:…………………* | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender Reassignment**  6. Is your gender identity the same as the gender you were assigned at birth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *6.1:* | | |  | | | | | Yes | | | | | *6.2:* | | |  | | | No | | | *6.3:* | | | | |  | Prefer not to say | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexual Orientation**  7. What is your sexual orientation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *7.1:* | | |  | | | | | Bisexual | | | | *7.2:* | | |  | | | Gay man | | | | | *7.3:* | | | |  | Gay woman / lesbian | | |
| *7.4:* | | |  | | | | | Heterosexual | | | | *7.5:* | | |  | | | Other | | | | | *7.6:* | | | |  | Prefer not to say | | |
|  | | | | |  | | | |  |  | |  | | |  | | | Please specify: ………………………………………………… | | | | |  | | | |  |  | | |
| **Religion or belief (including lack of belief)**  8. What is your religion? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *8.1:* | |  | | | | | | Atheism | | | *8.6:* | | | |  | | | | Jainism | *8.11:* | | | | | | |  | No religion | | |
| *8.2:* | |  | | | | | | Buddhism | | | *8.7:* | | | |  | | | | Judaism | *8.12:* | | | | | | |  | Prefer not to say | | |
| *8.3:* | |  | | | | | | Christianity | | | *8.8:* | | | |  | | | | Sikhism | | | | |  | | | | | |  |
| *8.4:* | |  | | | | | | Hinduism | | | *8.9:* | | | |  | | | | Spiritualism | | | | |  | | | | | |  |
| *8.5:* | |  | | | | | | Islam | | | *8.10:* | | | |  | | | | Any other religion or belief | | | | |  | | | | | |  |
|  | |  | | | | | |  | | |  | | | |  | | | | please specify ……………………… | | | | |  | | | | | |  |

Please return this form to the HR Department at [human.resources@wolfson.ox.ac.uk](mailto:human.resources@wolfson.ox.ac.uk). Thank you.