

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

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.

Sex	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Prefer to self-describe as: _____ (please specify, for example non-binary, gender fluid, agender)	
Age	
<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-25
<input type="checkbox"/> 26-30	<input type="checkbox"/> 31-35
<input type="checkbox"/> 36-40	<input type="checkbox"/> 41-45
<input type="checkbox"/> 46-50	<input type="checkbox"/> 51-55
<input type="checkbox"/> 56-60	<input type="checkbox"/> 61-65
<input type="checkbox"/> 66-70	<input type="checkbox"/> 71 +
<input type="checkbox"/> Prefer not to say	
Marriage and Civil Partnership	
1. Are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
2. Are you in a civil partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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
4. Please tick one or more boxes: <i>The definitions of disability are those of the Higher Education Statistic Agency</i>	
4.1: <input type="checkbox"/> Two or more impairments and/or disabling medical conditions	4.6: <input type="checkbox"/> A mental health condition, such as depression, schizophrenia or anxiety disorder
4.2: <input type="checkbox"/> A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	4.7: <input type="checkbox"/> A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
4.3: <input type="checkbox"/> General learning disability (such as Down's syndrome)	4.8: <input type="checkbox"/> Deaf or serious hearing impairment
4.4: <input type="checkbox"/> A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	4.9: <input type="checkbox"/> Blind or a serious visual impairment uncorrected by glasses
4.5: <input type="checkbox"/> A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	4.10: <input type="checkbox"/> A disability, impairment or medical condition not listed above. Please state:
	4.11: <input type="checkbox"/> Prefer not to say

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

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