

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.

Name		Role applied for	
Date of Birth			

Gender		
Please define:		Prefer not to say: <input type="checkbox"/>
Is your gender the same as assigned at birth?		
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>

Ethnicity	
Choose ONE section from A to F, and then tick the appropriate box	
A. White	British <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Any other White background <input type="checkbox"/> Please specify:
B. Mixed Heritage	White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Please specify:

C. Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/> Please specify:
D. Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/> Please specify:	
E. Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other <input type="checkbox"/> Please specify:
F. Prefer not to say	<input type="checkbox"/>	

How do you describe yourself:		
Heterosexual: <input type="checkbox"/>	Bisexual: <input type="checkbox"/>	Gay: <input type="checkbox"/>
Lesbian: <input type="checkbox"/>	Queer: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>
In any other way: <input type="checkbox"/>		

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: <input type="checkbox"/> No: <input type="checkbox"/>
What is the effect or impact of your disability or health condition?
Please indicate whether, if selected for interview, you have any specific access requirements