

EQUALITY MONITORING FORM

The University is committed to promoting equality of opportunity and eliminating unfair discrimination in its employment practices. We seek to ensure that all job applicants are treated solely on the basis of their merits, abilities and potential, regardless of age, disability, gender, gender identity, marital status, race (including colour, nationality and ethnic/national origin), religion or belief and sexual orientation.

We monitor our recruitment practices to make sure they are fair and open to all sections of the community. We cannot do this effectively without your help, so we greatly appreciate your co-operation in providing the information requested.

The information collected on this monitoring form will be treated as confidential and will not be used in the selection process.

If you would like to find out more about our equality and diversity policies or how we use equality monitoring data, please visit:

<http://www.equality.leeds.ac.uk/for-staff/good-practice-guidance/data-monitoring-why-is-it-important/>

Full Name: _____

Job reference number: _____

Faculty/School/Department where vacancy exists: _____

What is your ethnic background?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - other background
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - other background
- Chinese
- Mixed - white and black Caribbean

- Mixed - white and black African
- Mixed - white and Asian
- Other mixed background
- White - British
- White - Irish
- White - other background
- Other ethnic background
- I prefer not to answer this question

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please specify) _____
- None
- I prefer not to answer this question

What is your date of birth? (DD/MM/YYYY): _____

What is your gender?

- Male
- Female

Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No
- I prefer not to answer this question

Do you consider yourself to be disabled in line with this definition?

The current legal definition of a disabled person is someone with a physical, sensory or mental impairment that has a substantial and long term effect on their ability to carry out normal day to day activities.

- Yes
- No
- I prefer not to answer this question

If you consider yourself to be disabled, please state the type of impairment which applies to you. People may experience more than one type of impairment in which case you may indicate more than one. If none of the categories apply, please mark "Other".

Disability Type 1

- Blind or have serious visual impairment
- Deaf or have serious hearing impairment
- General learning difficulty such as Down's Syndrome
- Specific learning disability such as Dyslexia or Dyspraxia
- Long standing illness or health condition such as cancer / HIV

- Mental health condition such as depression or schizophrenia
- Physical impairment or mobility difficulty such as difficulty using your arms, or using a wheelchair or crutches
- Social/communication impairment such as Asperger's Syndrome or other Autistic Spectrum Conditions
- Other
- I prefer not to answer this question

Disability Type 2

- Blind or have serious visual impairment
- Deaf or have serious hearing impairment
- General learning difficulty such as Down's Syndrome
- Specific learning disability such as Dyslexia or Dyspraxia
- Long standing illness or health condition such as cancer / HIV
- Mental health condition such as depression or schizophrenia
- Physical impairment or mobility difficulty such as difficulty using your arms, or using a wheelchair or crutches
- Social/communication impairment such as Asperger's Syndrome or other Autistic Spectrum Conditions
- Other
- I prefer not to answer this question

What is your sexual orientation?

- Bisexual
- Gay man
- Gay woman/Lesbian
- Heterosexual
- I prefer not to answer this question

Do you have caring responsibilities for one or more children or for anyone else (e.g. a family member)?

- Yes
- No
- I prefer not to answer this question

If yes, please select all that apply:

Caring responsibilities 1

- Yes, I have caring responsibilities for one or more children
- Yes, I have caring responsibilities for one or more disabled children
- Yes, I have caring responsibilities for somebody else

Caring responsibilities 2

- Yes, I have caring responsibilities for one or more children
- Yes, I have caring responsibilities for one or more disabled children
- Yes, I have caring responsibilities for somebody else