**THIS FORM IS TO BE RETURNED TO THE**

**HR ASSISTANT & TRAINING CO-ORDINATOR, STEWARD’S OFFICE,**

**CHRIST CHURCH**

 **EQUAL OPPORTUNITIES SURVEY FORM**

We are an equal opportunity organisation. The aim of our policy is to ensure that no applicant or employee receives less favourable treatment on the grounds of age, race, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation, national origin, political opinion or affiliation or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation. We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, could you please provide the information below. **You are of course at liberty not to provide some or all of the information if that is your preference**. **If you are a new applicant, the information will *not* be seen by the interviewing panel.**

The information will be filed in the college offices (but not in personal files) and will be kept strictly confidential and according to the General Data Protection Regulations (2018) and the UK Data Protection Act (2018). It is a legal requirement for us to collect and collate this data, which is retained in perpetuity.  The form itself is destroyed on transfer of the anonymised data.

*Please answer the questions by ticking the appropriate box:*

1. Are you: 🞏 Female 🞏 Male 🞏 Non-binary

2. Do you consider yourself to have a disability?

 Yes 🞏 No 🞏

 (If you have answered yes, then please answer question 3.)

3. Please tick one or more boxes to describe your disability:

🞏 Visually impaired 🞏 Dyslexia and similar conditions

🞏 Impaired hearing 🞏 Mental health difficulties

🞏 Wheelchair user 🞏 Unseen disability (e.g. diabetes - please describe)

🞏 Other mobility impairments 🞏 Other (please describe)

* Please tick this box if you are willing for any disability information

 provided on this form to be disclosed to the appropriate Disability officer.

4. Age Group: 16 – 17 : 🞏 18-25: 🞏 26-40: 🞏 41-55: 🞏 56-65: 🞏 66 – 75: 🞏

Over 75: 🞏

5. Nationality: 🞏 UK 🞏 Other EU 🞏 Other

*Please specify: ..............................*

6. Please describe your ethnic origin: *(Please tick one box only)*

(Ethnic origin questions are **not** about nationality, place of birth, or citizenship. They are about colour and ethnic group. Citizens of any country may belong to any of the groups indicated. The ethnic origin categories used here are based on the 2001 census of the population and are those required by the Higher Education Statistics Agency.)

**White Black or Black British**

🞏 British 🞏 Caribbean

🞏 Irish 🞏 African

 🞏 Any other White background 🞏 Any other Black background

 *(Please specify) (Please specify)*

 ……………………………… ……………………………..

**Mixed Asian**

🞏 White and Black Caribbean 🞏 Indian

🞏 White and Black African 🞏 Pakistani

🞏 White and Asian 🞏 Bangladeshi

🞏 Any other mixed background🞏 Any other Asian background

 **(***Please specify)*

 ……………………………….

**Chinese Other ethnic group**

🞏 Chinese 🞏 Any other (*Please specify*)

 ………………………………..

🞏 Prefer not to say

7. How would you describe your sexual orientation?

 🞏 Prefer not to say 🞏 Bisexual 🞏 Gay man

 🞏 Heterosexual/straight 🞏 Gay woman/lesbian 🞏 Pansexual

 🞏 Asexual 🞏 Other

8. How would you describe your religion or belief?

 🞏 Prefer not to say 🞏 Buddhist 🞏 Christian

 🞏 Hindu 🞏 Jewish 🞏 Muslim

 🞏 Sikh 🞏 None 🞏 Other

9. How would you describe your marital status?

 🞏 Prefer not to say 🞏 Civil partnership 🞏 Divorced

 🞏 Married 🞏 Single 🞏 Other

**PLEASE STATE TITLE OF JOB TO WHICH THIS APPLICATION REFERS:**

**Job title**:

*------------------------------------------------------------------------------------------------------------------*

**Your name**: ....................................................... (Please print)

(This section will be removed when the information has been recorded).

 ***Thank you for completing this form.***