

EQUAL OPPORTUNITIES APPLICANT MONITORING FORM**CONFIDENTIAL**

This form is available in an alternative format, if required please contact the HR Manager.

Please complete this form if you are applying for a position at St Hugh's College.

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 1998. The information will be entered on a computer at St Hugh's 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 policy and practice of St Hugh's 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 favourably than another because of any of the above mentioned 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"/>																
Age <table style="width: 100%; border: none;"><tr><td style="border: none;"><input type="checkbox"/> Under 18</td><td style="border: none;"><input type="checkbox"/> 18-25</td><td style="border: none;"><input type="checkbox"/> 26-30</td><td style="border: none;"><input type="checkbox"/> 31-35</td><td style="border: none;"><input type="checkbox"/> 36-40</td><td style="border: none;"><input type="checkbox"/> 41-45</td><td style="border: none;"><input type="checkbox"/> 46-50</td><td style="border: none;"><input type="checkbox"/> 51-55</td></tr><tr><td style="border: none;"><input type="checkbox"/> 56-60</td><td style="border: none;"><input type="checkbox"/> 61-65</td><td style="border: none;"><input type="checkbox"/> 66-70</td><td style="border: none;"><input type="checkbox"/> 71 +</td><td colspan="4" style="border: none;"><input type="checkbox"/> Prefer not to say</td></tr></table>	<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			
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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 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. <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

5. Please describe your ethnic origin: (please tick one box only)
The ethnic origin definitions are those of the Higher Education Statistic Agency.

White

5.1: White

Gypsy or Traveller

5.2: Gypsy or Irish Traveller

Arab

5.11: Arab

Black or Black British

5.3: Black or Black British - Caribbean

5.4: Black or Black British - African

5.5: Other Black Background
please specify:.....

Mixed

5.12: White and Black Caribbean

5.13: White and Black African

5.14: White and Asian

5.15: Other Mixed Background
please specify:.....

Asian or Asian British

5.6: Asian or Asian British - Indian

5.7: Asian or Asian British - Pakistani

5.8: Asian or Asian British - Bangladeshi

5.9: Chinese

5.10: Other Asian Background
please specify:.....

Other Ethnic Group

5.16: Any other

please specify:.....

5.17: Prefer not to say

Gender Reassignment

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

Yes

No

Prefer not to say

Sexual Orientation

7. What is your sexual orientation?

Bisexual

Gay man

Gay woman / lesbian

Heterosexual

Other

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 email this form to hr@st-hughs.ox.ac.uk. Thank you.