**CONFIDENTIAL**

**EQUAL OPPORTUNITIES CLASSIFICATION FORM**

University College London has a commitment to ensuring that appointment is made on the basis of merit, regardless of ethnic origin, sex or disability, sexual orientation, race, colour, nationality (within current legislation), marital status, caring or parental responsibilities, age, or beliefs on matters such as religion and politics.

On receipt, this form will be separated from your application form/CV.  The information provided will be treated in the strictest confidence and will only be used for the purposes of monitoring.  **Thank you for your co-operation.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | | | | | | | | | | | **Job Title/Ref. Nº** | | | | | | | | | | | | | | | | | | |
| **Please complete all 8 sections:** | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  |  |  | | | | |  | | | | |  | |  | | | | | | | | | | | | | |  | | |
|  |  | **1.** | | **Ethnic Group** | | | | | | | | **2.** | | | **Sex** | | | | | | | | | | | | | | | |
|  |  |  |  | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | |
|  |  |  | **A** | | **White** | | | | | | |  | | |  | | Male | |  | | Female | | | | | | | | | |
|  |  |  |  | | British | | | | | | |  | | | | | | | | | | | | | | | |  | | |
|  |  |  |  | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | |
|  |  |  |  | | Irish | | | | | | | **3.** | | | **Nationality** | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | |  |  | | | | | | | | | | | | | | |  | | |
|  |  |  |  | | Any other White background | | | | | | |  | | | |  | | | | | | | | | | | |  | | |
|  |  |  | | | | |  | | | | |  |  | | | | | | | | | | | | | | |  | | |
|  |  |  | **B** | | **Mixed Race** | | | | | | | **4.** | | | **Are you disabled or do you have an impairment or medical condition? (Please also complete Section 7)** | | | | | | | | | | | | | | | |
|  |  |  |  | | White and Black Caribbean | | | | | | |  | | |  | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | |  |  | | | | | | | | | | | | | | |  | | |
|  |  |  |  | | White and Black African | | | | | | |  | | | Yes | | | |  | | | | | |  | | | | | |
|  |  |  | | | | |  | | | | |  |  | | | | | | | | | | | | | | |  | | |
|  |  |  |  | | White and Asian | | | | | | |  | | | No | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | |  | |  |  | | | | | | | | | | | | | | |  | | |
|  |  |  |  | | Any other Mixed Race background | | | | | | |  | | | **(Examples of a ‘condition’ may include impairment of senses, co-ordination, memory, mobility, learning, health or well being.)** | | | | | | | | | | | | | | | |
|  | **C** | | **Asian or Asian British** | | | | | | |
|  |  |  |  | | Indian | | | | | | | **5.** | | | **Date of birth** | | | | | |  | | | | | | | | |  |
|  |  |  |  | | Pakistani | | | | | | |  | | |  | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | |  | | |  | | | | | | | | | | | | | | | |
|  |  |  |  | | Bangladeshi | | | | | | | **6.** | | | **Religious Belief** | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | |  | | | | | |  | | | | | | | | | |  | | |
|  |  |  |  | | Any other Asian background | | | | | | |  | | | **Do you have a religion?** | | | | | | | Yes | | | | |  | |  | |
|  |  |  | | | | |  | | | | |  | | | | | |  | |  | | | No | | | |  | |  | |
|  |  |  |  | |  | | | | | | |  | | | If yes, please confirm your religion: | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | |  |  | | | | | | | | | | | | | | |  | | |
|  |  | | | |  |  | |  | | | |  | | | Buddhist | | | | | | | | | | | |  |  | | |
|  |  | | **D** | | **Black or Black British** | | |  | | | |  | | | Christian | | | | | | | | | | | | | | | |
|  |  | |  | | Caribbean | | |  | | | |  | | | Hindu | | | | | |  | | |  | | | | | | |
|  |  | | | |  |  | |  | | | |  | | |  | | | | | |  | | |  | | | | | | |
|  |  | |  | | African | | |  | | | |  | | | Jewish | | | | | |  | | |  | | | | | | |
|  |  | | | |  |  | |  | | | |  | | |  | | | | | |  | | |  | | | | | | |
|  |  | |  | | Any other Black background | | | | | |  |  | | | Muslim | | | | | |  | | |  | | | | | | |
|  |  | | | |  |  | |  | | | |  | | | Sikh | | | | | |  | | | | | | | | |  |
|  |  | | **E** | | **Chinese** | | |  | | | |  | | | Other | | | | | |  | | | | | | | | | |
|  |  | |  | | Chinese | | |  | | | |  | | | Please specify | | | | | |  | | | | | | | | |  |
|  |  | |  | | |  | |  | | | |  | | |  | | | | | |  | | | | | | | | |  |
|  |  | | **F** | | **Other Ethnic Group**  Any other background | | | |  | | | **7.** | | | Prefer Not to Say  **Sexual Orientation**  Gay man  Gay woman / Lesbian  Any other background Heterosexual / Straight  Other  Please specify:  Prefer not to say | | | | | |  | | | | | | | | |  |

|  |  |
| --- | --- |
| **8.** | Are you disabled or do you have any condition that may require adjustments to your work or working environment? (Examples of a ‘condition’ may include impairment of senses, co-ordination, memory, mobility, learning, health or wellbeing.)    Please indicate which of the following apply. |
|  | Not disabled (00) |
|  | Specific learning disability (such as dyslexia or dyspraxia) (51) |
|  | General learning disability (such as Down’s syndrome) (52) |
|  | Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) (53) |
|  | Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) (54) |
|  | Mental health condition (such as depression or schizophrenia) (55) |
|  | Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) (56) |
|  | Deaf or serious hearing impairment (57) |
|  | Blind or serious visual impairment (58) |
|  | Other type of disability (96) |
|  | Prefer not to say (97) |
|  |  |
|  |  |