

**EQUAL OPPORTUNITIES MONITORING FORM**

The Science Council is committed to equality of opportunity in the provision of its recruitment, selection and employment procedures. Monitoring is recommended by the Codes of Practice for the elimination of discrimination. In order to monitor this policy, we request the following information, which would be used for this purpose and **will form no part of the selection and interview process**.

All information provided will be treated as strictly confidential in accordance with the Data Protection Act. The information will only be used for statistical purposes with access restricted to staff involved in processing and monitoring the data. No information will be published or used in any way that allows individuals to be identified.

Please complete and return this form with your application.

**1. Gender**

What is your gender?

☐Male

☐Female

 **2. Age**

Please tick the box corresponding to your age group:

☐15-19 ☐45-49

☐20-24 ☐50-54

☐25-29 ☐55-59

☐30-34 ☐60-64

☐35-39 ☐65-69

☐40-44 ☐70+

☐Prefer not to say

**3. Nationality**

This question is about the country or nation that you belong to. Please tick one option that most accurately describes your nationality:

☐UK/British

☐English

☐Welsh

☐Scottish

☐Northern Irish

☐Irish

☐Other EU ((includes: Belgium, France, Germany, Italian, Netherlands, Luxembourg, Denmark, Ireland, Greece, Portugal, Spain, Austria, Sweden, Finland, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Bulgaria, Romania))

☐Non-EU

☐USA

☐Australian

☐New Zealander

☐Chinese

☐Chinese (Hong Kong SAR)

☐African (excluding South African)

☐South African

☐Indian

☐Pakistani

☐Bangladeshi

☐Other, please specify­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Prefer not to say

**4. Ethnic origin**

This question is not about your nationality, place of birth or citizenship – it is about the cultural group to which you perceive you belong. The codes and descriptions are those used in the 2011 UK Census.

Please tick one option you feel most accurately describes you.

**White**

☐English/Welsh/Scottish/Northern Irish/British

☐Irish

☐Gypsy or Irish Traveller

☐Any other White background, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mixed / Multiple ethnic backgrounds**

☐White and Black Caribbean

☐White and Black African

☐White and Asian

Any other Mixed / Multiple ethnic background, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Asian / Asian British**

☐Indian

☐Pakistani

☐Bangladeshi

☐Chinese

☐Any other Asian background, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Black / Black British**

☐African

☐Caribbean

☐Any other Black / African / Caribbean background, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Other ethnic group**

☐Arab

☐Any other ethnic background, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Prefer not to say

**5. Disability**

The Disability Discrimination Act 1995 defines a disabled person as someone who has *‘a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.’*

Do you have a condition or impairment that falls within this definition?

☐No

☐Yes

☐Prefer not to say

**6. Sexual orientation**

As people are discriminated against because of their sexual orientation, we believe it is helpful to gather this information. However, we appreciate you may not wish to answer this question in which case, tick the ‘Prefer not to say’ box.

☐Gay woman/Lesbian

☐Gay Man

☐Bisexual

☐Heterosexual/Straight

☐Other­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Prefer not to say

**7. Religion**

What is your religion?

☐No religion

☐Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

☐Buddhist

☐Hindu

☐Jewish

☐Muslim

☐Sikh

☐Any other religion, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Prefer not to say

**8. Caring Responsibilities**

Do you have any caring responsibilities?

☐Yes

☐Primary carer of children under 18

☐Primary carer of person/people with disabilities

☐Primary carer of older person/people

☐Secondary Carer

☐None

☐Prefer not to say

**Thank you for completing the form.**