Equal Opportunities Monitoring Form

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| University of Greenwich strives to provide equality of opportunity throughout its selection process. In order to monitor the effectiveness of our diversity policies we ask you to complete the following information. The Equal Opportunities Monitoring Form will not be passed to any third parties and the information will be kept in accordance with the General Data Protection Regulation (GDPR) and all other data protection legislation currently in force. **This information will be treated in total confidence and will have no effect on your application**. | |
| **Gender** |  |
| **Date of birth** |  |
| **What is your ethnic group?**  Choose one option that best describes your ethnic group or background | |
| **White**  1. English/Welsh/Scottish/Northern Irish/British  2. Irish  3. Gypsy or Irish Traveller  4. Any other White background, please describe:  **Mixed/Multiple ethnic groups**  5. White and Black Caribbean  6. White and Black African  7. White and Asian  8. Any other Mixed/Multiple ethnic background, please describe:  **Asian/Asian British**  9. Indian  10. Pakistani  11. Bangladeshi  12. Chinese  13. Any other Asian background, please describe: | **Black/** **African/Caribbean/Black British**  14. African  15. Caribbean  16. Any other Black/African/Caribbean background, please describe:  **Other ethnic group**  17. Arab  18. Any other ethnic group, please describe:   |  | | --- | | If you do not wish to offer this information, please tick this box: ☐  *The Race Relation Act 1976 makes it unlawful to discriminate on the grounds of a person’s colour, race, and nationality, national or ethnic origin.* | |
| **Disability Monitoring** | |
| The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’. Employees with a disability or health condition are entitled in law to ‘reasonable adjustments’ to address their needs for support in the workplace. Therefore we are interested in any disability or health condition that may require a reasonable adjustment to overcome any such barriers.  **Do you consider yourself to have a disability? YES NO** | |
| **Please give details of any adjustments or specific requirements you may have for the interview and selection process. If you prefer, you may contact the Internships Team to discuss any requirements directly.** | |
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