**Council Staff Elections 2017–18:**

**Equality Monitoring Form**

All candidates for the staff member vacancies on QMUL Council are invited to complete an equality monitoring form, which is used by the Council Secretariat to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

This information will be treated confidentially and will not be used in any part of the election process.

1. What is your gender?

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Prefer not to say |

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

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

1. What is your ethnic group?

|  |  |
| --- | --- |
|  | White |
|  | White - Scottish |
|  | Irish Traveller |
|  | Gypsy or Traveller |
|  | Other White background |
|  | Black or Black British - Caribbean |
|  | Black or Black British - African |
|  | Other Black background |
|  | Asian or Asian British - Indian |
|  | Asian or Asian British - Pakistani |
|  | Asian or Asian British - Bangladeshi |
|  | Chinese |
|  | Other Asian background |
|  | Mixed - White and Black Caribbean |
|  | Mixed - White and Black African |
|  | Mixed - White and Asian |
|  | Other mixed background |
|  | Arab |
|  | Other ethnic background |
|  | Not known |
|  | Prefer not to say |

1. Do you have a disability?

|  |  |
| --- | --- |
|  | |
|  | No known disability |
|  | Two or more impairments and/or disabling medical conditions |
|  | A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |
|  | General learning disability (such as Down's syndrome) |
|  | A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder |
|  | A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |
|  | A mental health condition, such as depression, schizophrenia or anxiety disorder |
|  | A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches |
|  | Deaf or serious hearing impairment |
|  | Blind or a serious visual impairment uncorrected by glasses |
|  | A disability, impairment or medical condition that is not listed above |
|  | Prefer not to say |

1. What is your religion?

|  |  |
| --- | --- |
|  | No religion |
|  | Buddhist |
|  | Christian |
|  | Hindu |
|  | Jewish |
|  | Muslim |
|  | Sikh |
|  | Spiritual |
|  | Any other religion or belief |
|  | Prefer not to say |

1. What is your sexual orientation?

|  |  |
| --- | --- |
|  | Bisexual |
|  | Gay man |
|  | Gay woman/lesbian |
|  | Heterosexual |
|  | Other |
|  | Prefer not to say |

Thank you for completing this form. This information will be retained, confidentially, for a period of 12 months and used for monitoring purposes.