

SUBU Equalities and Diversities Monitoring Form

Personal data will be treated as strictly confidential. The information on this form will be used for monitoring purposes only and to ensure that our policies are being applied fairly. We are required under GDPR to inform you that the data you supply will be held on computer or paper-based files. It will only be shared with a restricted number of authorised members of the SUBU Team.

We ask that as many people as possible complete this form and help us measure diversity. If you have difficulty completing this form or you have a disability which prevents you from completing this form, please contact subu@bournemouth.ac.uk for assistance.

Personal Details:

Title:	Mr / Mrs / Miss / Ms / Dr / Other
Surname:	
First Name:	
Age:	16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55+ <input type="checkbox"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to select <input type="checkbox"/>

Ethnic Origin:

<i>1. Asian or Asian British</i>		<i>4. Mixed</i>	
Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>
<i>2. Black or Black British</i>		<i>5. White</i>	
Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>
African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
		Gypsy / Traveller	<input type="checkbox"/>
<i>3. Chinese or other ethnic group</i>			
Chinese	<input type="checkbox"/>	Prefer not to select	<input type="checkbox"/>
Any other	<input type="checkbox"/>		

Religion or Belief:

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian (including Catholic, Church of England, Church of Scotland, Protestant and all other Christian denominations)	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Atheist	<input type="checkbox"/>
		None	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Prefer not to select	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>		

Sexual orientation:

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to select	<input type="checkbox"/>

Disability:

Do you consider yourself to have a specific learning disability, other disability, impairment, long-term illness or health condition?

Yes No Don't Know Prefer not to select

Physical impairment such as using a wheelchair to get around and/or mobility difficulties

Blind or partially sighted

Deaf or hard of hearing

Mental health difficulties e.g. depression, schizophrenia

Learning difficulty where a person learns in a different way e.g. dyslexia, dyspraxia

Profound and/or multiple learning difficulties

Autistic Spectrum Disorder

An unseen disability or health condition e.g. diabetes, epilepsy, asthma, HIV

A disability not listed above (please describe)

Prefer not to say

No known disability, impairment or long-term health condition

Optional further details.....

Thank you for taking the time to complete this form.

Reviewed: January 2019