Huddersfield Students’ Union

Equal Opportunities Monitoring Form

This sheet is separated from all other parts of your application upon receipt at University of Huddersfield Students’ Union. All information is treated in the strictest confidence. This data is captured for monitoring purposes and will not be used as part of any selection process.

Although we encourage you to, there is no obligation to complete this part of your application, or answer all of the questions.

*Please (x) the boxes relevant to you.*

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| --- | --- |
| **Position applied for:** |   |
| **Gender (Please x)** |
| Man |  | Woman |  | I identify outside the gender binary |  | I’d prefer not to say |   |
| None of these options are suitable – I self-define as: |  |
| **Age**  |
| Under 21 |   | 21-30 |   | 31-40 |   | 41-50 |   | 51-60 |   | 61-70 |   |
| Over 70 |   | I’d prefer not to say |   |
| **Ethnicity**  |
| White: British |   | White: Irish |   | White: Other |   | Asian or Asian British: Pakistani |   | Asian or Asian British: Indian |   | Asian or Asian British: Bangladeshi |   |
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| Asian or Asian British: Chinese |   | Asian or Asian British: Other |   | Black or Black British: African |   | Black or Black British: Caribbean |   | Black or Black British: Other |   | Mixed/ Multiple: White and Black African |   |
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| Mixed/ Multiple: Caribbean |   | Mixed/ Multiple: White and Asian |   | Mixed/ Multiple: Other |   | Arab |   | I’d prefer not to say |   | None of these are suitable, I self-define as: |   |
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| **Religion/Faith/Belief**  |
| Christian |   | Muslim |   | Buddhist |   | Jewish |   | Hindu |   | Sikh |   |
| Spiritual |   | Atheist |   | Agnostic |   | None |   | I’d prefer not to say |   |
| None of these are suitable, I self-define as: |   |
| **Sexual Orientation**  |
| Gay/ Lesbian |  | Bisexual/ Bi |  | Queer |  | Heterosexual/ Straight |   | I’d prefer not to say |   |
| None of these are suitable, I self-define as: |   |
| **Disability -** Do you consider yourself to have a disability, learning difficulty, long term health condition or anything else that has an impact on your wellbeing, physical health or mental health? |
| Yes |   | No |   | I’d prefer not to say |   |
| If you have answered ‘yes’ above and feel comfortable in sharing more information with us, please do so below: |
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| **Dependants** -Do you have responsibility for the care of dependants? |  |
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| Where did you hear about this vacancy? |   |