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| **MONITORING INFORMATION – REQUIRED FOR ALL STAFF** |
| The data in this form is used for statistical purposes to assist the College in meeting its obligations in accordance with the Equality Act 2010, to monitor the performance of its Equality, Diversity & Inclusion Policy and to provide information for the annual statistical returns to the Higher Education Statistics Agency (HESA). Any reports produced using this information are anonymised. Any information given on this form will be treated in the strictest confidence. The form will be retained in a secure location on your Employee Records file in Human Resources. |

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| NAME | | | | | |
| Title |  | First Name |  | Surname |  |

**Please denote your selection in the following sections by placing a Y in the appropriate box**

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| GENDER | | | | | |
| Male |  | Female |  | Other (please specify) |  |

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| GENDER IDENTITY | |
| Gender identity is the same as the gender originally assigned at birth |  |
| Gender identity is different to the gender originally assigned at birth |  |
| Do not wish to disclose information |  |

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| SEXUAL ORIENTATION | | | | | |
| Heterosexual |  | Gay Man |  | Asexual |  |
| Bisexual |  | Gay Women/Lesbian |  | Decline to specify |  |

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| MARITAL STATUS \* Legal status relating to same-sexed couples created under the Civil Partnership Act 2004 | | | | | |
| Single |  | Married/Civil Partnership\* |  | Widowed |  |
| Partner |  | Divorced |  | Not Specified |  |

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| RELIGION | | | | | | | |
| Christian |  | Jewish |  | Agnostic |  | Atheist (no religion / belief) |  |
| Buddhist |  | Hindu |  | Islam |  | Sikh |  |
| Prefer not to say |  | Other (please specify) |  | | | | |

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| DISABILITY | | | |
| Disabled |  | Not Known |  |
| Not Disabled |  | Decline to specify |  |

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| DISABILITY CATEGORIES | | | |
| Under the Equality Act 2010, a person is considered to have a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’. ‘Substantial' is defined by the Act as 'more than minor or trivial'. An ‘impairment’ is considered to have a long-term effect if:  *It has lasted, or is likely to last for at least 12 months OR it is likely to last for the rest of the life of the person.* | | | |
| Blind/partially sighted/serious visual impairment |  | Physical impairment / mobility issue (e.g. difficulty using arms / legs) |  |
| Deaf/hearing impairment |  | Social / communication impairment (e.g. Asperger’s or other Autistic disorder) |  |
| General learning disability (e.g. Down's Syndrome) |  | Specific learning disability (e.g. Dyslexia or Dyspraxia) |  |
| Long-standing illness/health condition (e.g. Cancer, HIV, Diabetes, Epilepsy) |  | Two or more impairments/disabling medical conditions |  |
| Mental health condition (Depression or Schizophrenia) |  | Decline to specify |  |
| Other disability (please specify below) |  | | |

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| NATIONALITY |
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| **ETHNIC ORIGIN** | | | |
| **White** | | **Mixed** | |
| British English |  | White and Asian |  |
| Irish (Northern Ireland) |  | White and Black African |  |
| Scottish |  | White and Black Caribbean |  |
| Welsh |  | Other Mixed background: | |
| Irish Republic of Ireland |  |  | |
| Other White background: | |  | |
| **Black** | | **Asian** | |
| African |  | Bangladeshi |  |
| Caribbean |  | Indian |  |
| Other Black background: | | Pakistani |  |
| **Chinese** | | Other Asian background: | |
| Chinese | | Other Ethnic background: | |

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| **EMPLOYMENT HISTORY** | | | |
| Who was your previous employer? | |  | |
| Was it a public or private sector organisation? | |  | |
| Have you previously worked in an HEI? Yes/No | |  | |
| If so, please name the HEI’s, and confirm start and end date and position held? | | | |
| Higher Education Institute | Dates: From - To | | Position Held |
|  |  | |  |
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| Please provide your previous HESA ID number (if known) | |  | |

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| ESSENTIAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES - Please list relevant qualifications as to your role and membership of relevant professional bodies (BVetMed, BA, RCVS etc.). *MRCVS registration no (if applicable):* |
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| **QUALIFICATIONS** | |
| Highest qualification(s) that you hold? |  |
| Academic discipline/subject of those qualification(s)? |  |
| Name of academic teaching qualification that you hold? (ACADEMIC STAFF ONLY) |  |
| Who were the regulatory body (if applicable)? |  |

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| DECLARATION | | | |
| I declare that to the best of my knowledge the information given above is correct. I consent to this data being held in accordance with the Data Protection Act 2018 and used for monitoring purposes. | | | |
| Signature |  | Date |  |

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| **FOR HR OFFICE USE ONLY** | | | | | | | | |
| Employee No |  | | | | iTrent Position No |  | | |
| HR Data Input | |  | Date |  | HR Data Input Checked |  | Date |  |