All Souls College
UNIVERSITY OF OXFORD

EQUAL OPPORTUNITIES APPLICANT MONITORING FORM

CONFIDENTIAL

The policy and practice of All Souls College require that entry into employment with the University and progression within employment will be determined only by personal merit and the application of criteria which are related to the duties of each particular post. Subject to statutory provisions, no applicant or member of staff will be treated less favourably than another because of their gender, marital or civil partnership status, sexual orientation, religion or belief, racial group, age or disability. In all cases, ability to perform the job will be the primary consideration.

Any information given will be used only to support the diversity and equal opportunities policy and in accordance with the principles of the Data Protection Act 1998. It is not part of the selection process and will not be seen by any member of the selection panel. The information you give will be retained only for statistical purposes and will not be linked to your name.

All Souls College Privacy Policy & Information on how All Souls uses your data can be found on our website.

Please complete this form if you are applying for a post, or have agreed to be considered for a post. Completion is voluntary. Please answer the questions by ticking the appropriate box.

Please tick/check only one box in each section.

Legal Sex

☐ Prefer not to say ☐ Male ☐ Female

Sexual orientation - Which of the following options best describes how you think of yourself?

☐ Prefer not to say ☐ Gay Man ☐ Gay Woman/Lesbian

☐ Heterosexual ☐ Other ☐ Bisexual

Do you consider yourself to have a disability?

A disabled person is defined in the Equality Act as someone with a physical or mental impairment that has a substantial and long term impact on their ability to carry out day to day activities. This includes progressive and long term conditions from the point of diagnosis such as HIV, Multiple Sclerosis or cancer. Taking into account the effect of any medication, treatments or adaptations do you consider yourself to be disabled?

☐ Prefer not to say ☐ Yes ☐ No

▢Dyslexia/Specific Learning Difficulty	▢ Blind/Visual Impairment	▢ Deaf/Hearing Impairment
▢ Physical Impairment	▢Autistic Spectrum Disorder	▢ Mental Health Condition
▢ Long Standing Illness	▢ Other	▢General Learning Disability

What is your religion?

▢ Prefer not to say	▢ Buddhist	▢ Christian
▢ Hindu	▢ Jewish	▢ Muslim
▢ Sikh	▢ Spiritual	▢ Any other religion
▢ No religion		

What is your ethnic group?

A. Prefer not to say	▢
B. White	
British	▢
Irish	▢
Gypsy/Traveller	▢
Any Other White background (please specify)	
C. Black or Black British	
Caribbean	▢
African	▢
Any Other Black background (please specify)	
D. Asian or Asian British	
Indian	▢
Pakistani	▢
Bangladeshi	▢
Chinese	▢
Any Other Asian background (please specify)	
E. Mixed	
White and Black Caribbean	▢
White and Black African	▢
White and Asian	▢
Other Mixed background (please specify)	

F. Arab	☐
G. Any Other Ethnic Background	☐

please specify .....

Thank you for completing this form. Please return it with your application.
It will not be seen by any member of the selection panel.