# Data Collection & Equality and Diversity Monitoring Form

The intention of monitoring and analysis is to establish if there are different success rates between genders, people of different sexual orientation, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly. Your answers will be treated confidentially and will not affect your application in any way.

### Personal Details:

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Dr / Other |
| Surname: | First name: |
| Car Registration: | Make: Model:  Colour: |
| Next of Kin/Emergency Contact Details: | Name:  Relationship Type:  Mobile No: Home No: |
| Age: | <25  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65 ++ |
| Gender: | Male  Female  Prefer not to say |
| Gender Identity (if appropriate) | If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with?  Transsexual  Transgender  Intersex |

### Sexual Orientation: Please tick against one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual  Lesbian  Prefer not to say |  | Gay Man/Homosexual  Heterosexual/straight |  |

### Disability/Medical: Please tick against one of the following:

|  |
| --- |
| Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?  *The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities. Conditions covered may include, for example, severe depression, dyslexia, diabetes, epilepsy and arthritis*  Yes  No  Prefer not to say  Please describe the nature of your disability …………………………………………………………..  ………………………………………………………………………………………………………………  Do you consider yourself to have an ongoing medical condition: Yes No Prefer not to say  Are you taking any regular medication for this condition, please list: …………………………………………….    Do you have any allergies that we should know about: ……………………………………………………………  ……………………………………………………………………………………………………………………………. |

**Ethnic origin: Please tick against one of the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** |  | **Nationality** |  | **Religion** |  |
| Afro Caribbean |  | American |  | Baha’i |  |
| Asian |  | Australian |  | Buddhist |  |
| Asian Other |  | Belgian |  | Christian |  |
| Asian/Asian British |  | Bosnian |  | Hindu |  |
| Black African |  | Brazilian |  | Jain |  |
| Black American |  | British |  | Jewish |  |
| Black Caribbean |  | Canadian |  | Muslim |  |
| Black Other |  | Croatian |  | Rastafarianism |  |
| Black/Black British |  | Cypriot |  | Sikh |  |
| Chinese |  | Czech |  | Zoroastrians (Parsi) |  |
| Mixed |  | Dutch |  | No religion |  |
| Pakistani |  | English |  | Not specified |  |
| Sudanese |  | Filipino |  | Other please specify |  |
| White British |  | French |  |  |  |
| White American |  | German |  |  |  |
| White Aus/NZ |  | Greek |  |  |  |
| White European |  | Hungarian |  |  |  |
| White Other |  | Indian |  |  |  |
|  |  | Irish |  |  |  |
|  |  | Israeli |  |  |  |
|  |  | Italian |  |  |  |
|  |  | Japanese |  |  |  |
|  |  | Latvian |  |  |  |
|  |  | Lithuanian |  |  |  |
|  |  | Mauritian |  |  |  |
|  |  | Mexican |  |  |  |
|  |  | Norwegian |  |  |  |
|  |  | Other |  |  |  |
|  |  | Polish |  |  |  |
|  |  | Portuguese |  |  |  |
|  |  | Romanian |  |  |  |
|  |  | Russian |  |  |  |
|  |  | Spanish |  |  |  |

**Thank you for completing this form**