The Royal Agricultural University is committed to an Equal Opportunities Policy in employment and will assess applicants for jobs fairly, encouraging applicants from diverse backgrounds to contribute to the success of the University. Will you kindly fill in this form as fully as possible so that we can monitor the implementation of our Equal Opportunity Policy.

**This form will NOT be included for the purposes of the selection process.** Please use BLOCK CAPITALS

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| **TITLE OF THE ROLE YOU ARE APPLYING FOR:**  |
| **SURNAME:**  | **FORENAME(s):**  | **TITLE:**  |
| **DATE OF BIRTH:**  |
| **MARITAL STATUS:**  |
| **SEXUAL IDENTIFICATION:** [ ] Male [ ]  Female [ ]  Other**Does your gender identity match your sex as registered at birth?** [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **ADDRESS:** (include post code please) | **TELEPHONE:**  |
| **E-MAIL:**  |
| **Do you require a work permit for employment in UK?** [ ] YES [ ]  NO | **National Insurance Number:**  |
| **Where did you see the post advertised?** | **My nationality is:**  |
| **I would describe my ETHNICITY as**:[ ]  White [ ]  Arab [ ]  Asian or Asian British - Bangladeshi [ ]  Asian or Asian British - Indian [ ]  Asian or Asian British - Pakistani [ ]  Black or British - African[ ]  Black or British – Caribbean[ ]  Chinese[ ]  Gypsy or Traveller[ ]  Mixed - White and Asian [ ]  Mixed - White and Black African [ ]  Mixed - White and Black Caribbean[ ]  Not known[ ]  Other Asian background [ ]  Other Black background [ ]  Other Mixed background [ ]  Other ethnic background[ ]  Prefer not to say | **RELIGION:**[ ]  No religion [ ]  Buddhist[ ]  Christian[ ]  Hindu[ ]  Jewish[ ]  Muslim [ ]  Sikh [ ]  Prefer not to say[ ]  any other religion or belief**SEXUAL ORIENTATION:**[ ]  Bisexual[ ]  Gay man[ ]  Gay woman/lesbian[ ]  Heterosexual[ ]  Other[ ]  Prefer not to say |
| **DISABILITY**[ ]  No known disability[ ]  Deaf or serious hearing impairment[ ]  General learning disability (such as Down's syndrome)[ ]  Two or more impairments and/or disabling medical conditions[ ]  Long-standing illness or health condition (such as cancer, HIV, diabetes etc)[ ]  Mental health condition (such as depression, schizophrenia or anxiety disorder)[ ]  Blind or serious visual impairment uncorrected by glasses[ ]  Physical impairment or mobility issues (such as difficulty using arms or legs)[ ]  Social/communication impairment (such as Asperger’s or other autistic disorder)[ ]  Specific learning difficulty (such as dyslexia, dyspraxia or AD(H)D)[ ]  Disability, impairment or medical condition that is not listed above  |
| **I** **certify that the details in this form are correct.**\*Please note if you are sending this document by e-mail without a signature emailing the document constitutes your personal certification that the details in this form are correct. | **SIGNED\*:**  |
| **DATE:**  |