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:** | |