



TRINITY COLLEGE
UNIVERSITY of OXFORD

Equality and diversity monitoring form

Trinity College wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form, contact the College Accountant (nasera.cummings@trinity.ox.ac.uk). Please return the completed form to the College Accountant (nasera.cummings@trinity.ox.ac.uk)

Gender Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please write in:

Black, African, Caribbean or Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black, African or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Prefer not to say ☐ Any other Mixed or Multiple ethnic background, please write in:

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other White background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Asexual ☐
Pansexual ☐ Undecided ☐ Prefer not to say ☐

If you prefer to use your own identity, please write in:

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

Do you have caring responsibilities? If yes, please tick all that apply

- None ☐
- Primary carer of a child/children (under 18) ☐
- Primary carer of disabled child/children ☐
- Primary carer of disabled adult (18 and over) ☐
- Primary carer of older person ☐
- Secondary carer (another person carries out the main caring role) ☐
- Prefer not to say ☐