**Equality & Diversity Monitoring Questionnaire - New Employee**

|  |
| --- |
| *Worcester College strongly values diversity and promotes equality. We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.*  *This form is intended to help us maintain equal opportunities best practice and identify barriers to workplace equality and diversity. Please complete this form and return it with your application form and CV. The form will be separated from your application on receipt.*  *The information on this form will be used for monitoring purposes only and will play no part in the recruitment process. As a prospective new employee, we would ask you to assist in that process by completing the questionnaire below. You are under no obligation to provide this information and your decision will have no impact on your employment with the College.* |

**Information held about you**

Worcester College will hold the following personal information:

* Full name
* Date of birth
* Gender identity
* Disability
* Sexual orientation
* Ethnic origin
* Religion or belief
* Marriage or civil partnership status
* Caring responsibilities

**Who is processing my information?**

All personal information is held and processed by Worcester College in accordance with data protection law.

**How will we use the information we hold about you?**

Personal information held by Worcester College in relation to equal opportunities monitoring will be used to monitor the College’s compliance with equality legislation with a view to promoting or maintaining such equality.

**Who we will share your information with?**

Information will be published in our equality report in an anonymised format. Where any individual employee could be identified, the data will not be published.

**How long do we keep your records?**

We will keep your information for 6 years from the end of your employment with the College.

**Your rights**

You have a number of rights under data protection law, including the right to request access to your data and to request that the data be amended or, in some circumstances, erased. For further information on Data Protection in Worcester College, please see <http://www.worc.ox.ac.uk/about/policies-and-procedures/privacy-gdpr>

To request your records, you will need to put your request in writing and provide proof of identification to Human Resources, Worcester College, Walton Street, Oxford.

Email – [human.resources@worc.ox.ac.uk](mailto:human.resources@worc.ox.ac.uk)

If you have any queries or concerns about how your information is used, please contact the College Data Protection Officer at [dataprotection@worc.ox.ac.uk](mailto:dataprotection@worc.ox.ac.uk).

You also have a right to make a complaint about our handling of your personal information to the Information Commissioner's Office.

Completed Questionnaire to be returned to:

**Human Resources, Worcester College, Oxford or** [**human.resources@worc.ox.ac.uk**](mailto:human.resources@worc.ox.ac.uk)

**Equality & Diversity Monitoring Questionnaire - New Employee**

**Personal Details:**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Job Title / Post appointed to: | |

Please tick boxes or provide the information below as appropriate

**Gender Identity:**

|  |
| --- |
| How would you describe your gender identity? |
| Female |
| Male |
| Non-binary |
| Prefer not to say |
| If you would like to, please tell us what other words you would use to describe your gender identity: Click or tap here to enter text. |

**Disability:**

**(We are a Disability Confident Committed Employer)**

|  |
| --- |
| Do you consider that you have a disability? The Equality Act 2010 defines disability as a substantial, long-term physical or mental impairment (lasting 12 months or more), which affects your ability to carry out normal day-to-day activities. |
| Yes |
| No |
| Prefer Not to Say |
| 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. |

**Sexual Orientation:**

|  |
| --- |
| What is your sexual orientation? |
| Heterosexual  Gay  Lesbian  Bisexual |
| Prefer not to say |
| If you prefer to use your own term, please specify here Click or tap here to enter text. |

**Ethnic Origin:**

|  |
| --- |
| What is your ethnic group? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. |
| ***White*** |
| English  Welsh  Scottish  Northern Irish  Irish |
| British  Gypsy or Irish Traveller  Prefer not to say |
| Any other white background, please write in: Click or tap here to enter text. |

|  |
| --- |
| ***Mixed/multiple ethnic groups*** |
| White and Black Caribbean  White and Black African  White and Asian |
| Prefer not to say |
| Any other mixed background, please write in: Click or tap here to enter text. |

|  |
| --- |
| ***Asian/Asian British*** |
| Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say |
| Any other Asian background, please write in: Click or tap here to enter text. |

|  |
| --- |
| ***Black/ African/ Caribbean/ Black British*** |
| African  Caribbean  Prefer not to say |
| Any other Black/African/Caribbean background, please write in: Click or tap here to enter text. |

|  |
| --- |
| ***Other ethnic group*** |
| Arab  Prefer not to say |
| Any other ethnic group, please write in: Click or tap here to enter text. |

**Religion Or Belief:**

|  |
| --- |
| 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: Click or tap here to enter text. |

**Marriage And Civil Partnership:**

|  |
| --- |
| What is your legal marital status or same-sex civil partnership status? |
| Single |
| Divorced |
| Married |
| Dissolved Civil Partnership |
| Civil Partnership |
| Widowed |
| Separated |
| Prefer Not to Say |

**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 |

***Thank you for completing this form***