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| **EQUAL OPPORTUNITIES QUESTIONNAIRE** |

As a reputable and fair employer, The Pirbright Institute wants to meet the aims and commitments of its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of our community to encourage equality and diversity.

The organisation needs your help and cooperation 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. Any data we process will be anonymous and aggregated with records of other candidates. It will not include any identifiable information.

The information you choose to give will not affect the outcome of your application and will not be seen by those responsible for the selection process.

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**1. Date of birth:**

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| **2. What is your gender?** |
| Female | [ ]  | Male | [ ]  | Non-binary | [ ]  |

Other (please specify):

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| **3. How would you describe your ethnicity? (please tick multiple if relevant)** |
| African | [ ]  | Caribbean | [ ]  | Indian | [ ]  |
| Asian | [ ]  | Chinese | [ ]  | Pakistani | [ ]  |
| Bangladeshi | [ ]  | European | [ ]   | White | [ ]  |
| Black | [ ]  | Hispanic/Latinx | [ ]   | Gypsy or Irish Traveller  | [ ]  |
| Other (please specify): |       |  | Prefer not to say | [ ]  |

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| **4. Are you:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A citizen of the UK | [ ]  | A citizen of the EU | [ ]  | A citizen of another country | [ ]  |

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| **5. How would you describe your sexual orientation?** |
| Heterosexual | [ ]  | Gay | [ ]  | Lesbian | [ ]  |
| Bisexual | [ ]  | Asexual | [ ]  | Pansexual | [ ]  |
| Other (please specify): |       |  | Prefer not to say | [ ]  |

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| **6. How would you describe your relationship status?** |
| Single | [ ]  | Married | [ ]  | Civil Partnership | [ ]  |
| Living with Partner | [ ]  | Separated | [ ]  | Divorced | [ ]  |
| Other (please specify): |       |  | Prefer not to say | [ ]  |

**7. Do you have any dependants** (e.g. a child, other relative or spouse not in employment or in need of care?) Yes [ ]  No [ ]

**8. Do you consider yourself to have a physical disability, cognitive disability or health condition?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say  | [ ]  |

*Information given here is for monitoring purposes only. If you need reasonable adjustment, please email us or tell us on your application. However, if you would like to give more information, please do:*

**Are you registered disabled?** Yes [ ]  No [ ]

**9. What is your religion or belief?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion or belief | [ ]  | My religion / belief is: |       | Prefer not to say | [ ]  |