

University of Worcester aims to have an inclusive environment for all staff and students, by identifying and removing barriers in our practices. Completing this form will help us achieve this, and meet our obligations under the Equality Act 2010. While it is voluntary to disclose this information, doing so will enable us to better understand the composition of our work-force/student body and examine our practices fully. Your answers will be treated in strictest confidence, separated from the recruitment and selection process and processed in compliance with the Data Protection Act 1998.

YOUR NAME

First Name	Family Name
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SEX—What is your sex? *Please circle*

Male	Female
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NATIONALITY

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GENDER IDENTITY— Is your gender identity the same as the gender you were originally assigned at birth? *Please circle*

Yes	No	Prefer not to say
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ETHNICITY— What is your ethnic origin? *Please circle*

White	White Scottish	Other White Back-ground	Gypsy or Traveller	Irish Traveller	Arab	Not known
Asian or Asian British—Bangladeshi	Asian or Asian British—Indian	Asian or Asian British—Pakistani	Chinese	Other Asian Back-ground	Mixed—White and Asian	Other Mixed Back-ground
Black or Black British—African	Black or Black British—Caribbean	Other Black Back-ground	Mixed—White and Black Caribbean	Mixed—White and Black African	Other Ethnic Background	Prefer not to say

RELIGION OR BELIEF—What is your religion or belief? *Please circle*

Buddhist	Hindu	Muslim	Spiritual	No Religion
Christian	Jewish	Sikh	Other	Prefer not to say

SEXUAL ORIENTATION—What is your sexual orientation? *Please circle*

Bisexual	Gay woman/lesbian	Other
Gay man	Heterosexual	Prefer not to say

DISABILITY—Do you consider yourself to have a disability, impairment, health condition or learning difference? *Please circle*

Two or more impairments and/or disabling medical conditions	A long standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease / epilepsy	A physical impairment or mobility issues, such as difficulty using arms or using a wheel chair or crutches	Deaf or serious hearing impairment
A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	A mental health condition, such as depression, schizophrenia or anxiety disorder	A disability, impairment or medical condition that is not listed above	A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
General learning disability (such as Down's syndrome)	Blind or a serious visual impairment uncorrected by glasses	No known disability	Prefer not to say

MARITAL STATUS— *Please circle*

Civil partnership	Married	Unknown
Co-habiting	Separated	Widow/Widower
Divorced	Single	Prefer not to say

CARER RESPONSIBILITIES — *Please indicate if you are (tick as many as apply):*

A carer for children under the age of 18	
A carer for older members of your family	
A carer for a person with disabilities	