**Middlesex University**

**CONFIDENTIAL - FOR MONITORING PURPOSES ONLY**

We aim to ensure that all employees receive equal treatment irrespective of their age, gender, ethnic origin or disability. In order to monitor the effectiveness of this policy we should be grateful if you would complete all sections.

Surname: Forenames:

Date of Birth: Age: Employee ID:

### Ethnic Origin

Your ethnic origin is not your nationality, place of birth or citizenship but refers to your colour and broad ethnic group.

*I would describe my ethnic origin as:-* (Please highlight the relevant box and type X)

White[ ]

Gypsy or Traveller [ ]

Black or Black British - Caribbean [ ]

Black or Black British - African [ ]

Other Black background [ ]

Asian or Asian British - Indian [ ]

Asian or Asian British - Pakistani [ ]

Asian or Asian British - Bangladeshi [ ]

Chinese[ ]

Other Asian background [ ]

Mixed - White and Black Caribbean [ ]

Mixed - White and Black African [ ]

Mixed - White and Asian [ ]

Other Mixed background [ ]

Arab[ ]

Other Ethnic Background [ ]

**Gender Identity**

Is your gender identity the same as the gender you were originally assigned at birth. Yes [ ]  No [ ]

**Legal Sex** Male [ ]  Female [ ]

**Sexual Orientation**

Bisexual [ ]

Gay man [ ]

Lesbian [ ]

Heterosexual[ ]

Other[ ]

**Religion or Belief**

(What is your Religion?)

No religion[ ]

Buddhist[ ]

Christian[ ]

Hindu[ ]

Jewish[ ]

Muslim[ ]

Sikh[ ]

Spiritual[ ]

Any other religion or belief[ ]

Prefer not to say/Info refused[ ]

**Marital Status**

Single [ ]

Married or Civil Partnership[ ]

Separated [ ]

Divorced [ ]

Widowed [ ]

Co-habiting [ ]

Prefer not to Say[ ]

**Nationality:**

**Disability**

Disability is defined by the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term (at least 12 months) effect on your ability to carry out normal day-to-day activities.

Taking this definition into consideration, do you have a disability as defined by the Equality Act: YES [ ]  NO [ ]

**Nature of Disability:**

*I declare that all information given is, to the best of my knowledge, complete and correct.*

**Signed** *(please insert electronic signature or leave blank)****:* Date**:

*Rev. Dec 2018*