

EQUAL OPPORTUNITIES QUESTIONNAIRE

Policy

The policy of De Montfort University is that no person should be discriminated against by reason of their race, colour, ethnic or national origin, nationality, religious belief, gender, marital status, sexual orientation, age, hours of work, disability or union membership/non-union membership. It is the policy of the University that all decisions taken in respect of recruitment, promotion and training shall be taken having regard only to the requirements of the job or training proposed.

Monitoring

For the Policy on Equality of Opportunity in Employment to be effective, the University will monitor the profile of applicants and those appointed by age, disability, gender and ethnic origin. You are, therefore, requested to complete the questions on this form. The information is for statistical purposes only and WILL NOT be passed on to those involved in the selection procedure. The information you give will be treated as confidential.

Please complete and return with your application form

Post applied for:

Vacancy Ref:

Department / Faculty:

Full name:

Date of birth:

Gender:

Disability

The DDA defines a disability as "*physical or mental impairment, which has a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities*". The University is committed to providing a work environment which is open to all and to respond, as appropriate, to the needs of people with disabilities. Any adaptations or modifications required as a result of disability will be considered after the formal interview process.

Do you consider that you have a disability? ☐ Yes ☐ No ☐ Prefer not to say

If yes, you are invited to give details of the nature of your disability by putting an **X** in the appropriate box(s) below.

- ☐ I have dyslexia
- ☐ I am blind / partially sighted / visually impaired
- ☐ I am deaf / hard of hearing / hearing impaired
- ☐ I am a wheelchair user / have mobility difficulties
- ☐ I have mental health difficulties
- ☐ I have an unseen disability e.g. asthma, cancer, diabetes, epilepsy, HIV, MS
- ☐ I have a disability not listed above (please specify) _____

Ethnic Origin

Please select the ethnicity that you feel best reflects your ethnic origin:

Asian

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian

Please specify _____

Mixed

- ☐ White and Black Caribbean
- ☐ White And Black African
- ☐ White and Asian
- ☐ White and Chinese
- ☐ Other Mixed

Please specify _____

Black

- ☐ Caribbean
- ☐ African
- ☐ Other Black

Please specify _____

White

- ☐ White British
- ☐ White Irish
- ☐ White Other

Please specify _____

Chinese

- ☐ Chinese
- ☐ Other Chinese

Please specify _____

Other ethnic group

- ☐ Other Ethnic Group

Please specify _____

Ethnicity

- ☐ Prefer not to say

Nationality

Please indicate your nationality:

Declaration

Signed: _____ Date: _____