Fitzwilliam College wants to meet the aims and commitments set out in its equality policies. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The College needs your help and co-operation to enable it to do this, though filling in this form is voluntary and all questions are optional. All information supplied will be treated in the strictest confidence and used in an anonymised format solely for monitoring purposes.

If you are a job applicant, this form will be held separately from your application and will not be used to select applicants for interview or appointment. It will be used for equal opportunities monitoring purposes only.

Please check the appropriate boxes and return the completed form to hr@fitz.cam.ac.uk, or in an envelope marked ‘Strictly confidential’ to the HR Officer, Fitzwilliam College, Cambridge CB3 0DG

Gender  Man ☐  Woman ☐  Other ☐  Prefer not to say ☐

Are you married or in a civil partnership?  Yes ☐  No ☐  Prefer not to say ☐

Age  16-24 ☐  25-29 ☐  30-34 ☐  35-39 ☐  40-44 ☐  45-49 ☐  50-54 ☐  55-59 ☐  60-64 ☐  65+ ☐  Prefer not to say ☐

What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White
White British ☐  White Irish ☐  Any other White ☐  Prefer not to say ☐
Any other white background, please write in:

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:

Asian/Asian British
Indian ☐  Pakistani ☐  Bangladeshi ☐  Chinese ☐  Prefer not to say ☐
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British
African ☐  Caribbean ☐  Prefer not to say ☐
Any other Black/African/Caribbean background, please write in:

Other ethnic group
Arab ☐  Prefer not to say ☐
Any other ethnic group, please write in:

Please turn over
Do you consider yourself to have a disability or health condition?
Yes ☐  No ☐  Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

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 with the HR Officer, if you are a job applicant.

What is your sexual orientation?
Heterosexual ☐  Gay ☐  Lesbian ☐  Bisexual ☐  Prefer not to say ☐
If you prefer to use your own term, please write in:

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:

Vacancy applied for (if applicable):