## 

## Name: Position:

## Equal Opportunities Monitoring Form

Liverpool John Moores University (LJMU) is strongly committed to Equality and Diversity and ensuring a fair, equitable and positive experience for all. The information you give in this section will assist with identifying and responding to the diverse needs of our staff and students and to make adequate provisions for equality of opportunities and outcomes. All data is held securely and confidentially in accordance with the General Data Protection Regulation 2018 and will only be used for positive action purposes. Only data at aggregated levels will be reported and analysed.  
  
If you wish to seek advice prior to completion of this form, you can contact Moni Akinsanya, the University Equality and Diversity Manager confidentially on 0151 231 8141 or email [m.m.akinsanya@ljmu.ac.uk](mailto:m.m.akinsanya@ljmu.ac.uk?subject=Staff%20Diversity%20Disclosure%20Form)  
  
The data gathered is also used as part of the annual statutory return for staff to the Higher Education Statistics Agency (HESA), which goes towards determining University funding and league table position.

**Please complete/update the information below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Would you consider yourself to have a disability?**  The Equality Act 2010 describes a disabled person as: “anyone who has a physical or mental impairment, which has a substantial and long term adverse effect on their ability to perform normal day-to-day activities. *LJMU would like to provide adequate support to staff, for example, by making reasonable adjustments as necessary to enable them to perform the responsibilities of their role.* | | | |
| Yes |  | No |  |

**If Yes, which category best describes your disability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |  | A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |  | Deaf or serious hearing impairment |  |
| General learning disability (such as Down's syndrome) |  | A mental health condition, such as depression, schizophrenia or anxiety disorder |  | Blind or a serious visual impairment |  |
| A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder |  | A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches |  | A disability, impairment or medical condition that is not listed |  |
| Not known disability |  | Other Type of disability |  | Prefer not to say |  |
| Other type of disability |  | Please specify: | | | |

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| **2. Ethnic Background. Please tick the box which you feel most appropriately identifies your ethnic origin** | | | | | |
| **Asian** |  | **Black** |  | **Dual Heritage** |  | **White** |  |
| Bangladeshi |  | African |  | White & Asian |  | English |  |
| Arab |  | Black Other |  | Not Known |  |
| Asian - Bangladeshi |  | Chinese |  | Other Ethnic Background |  |
| Asian- Indian |  | Chinese Other |  | Other Mixed Background |  |
| Asian - Pakistani |  | Gypsy or Traveller |  | White British |  |
| Asian Other |  | Information Refused |  | White - English |  |
| Black African |  | Mixed – White and Asian |  | White - Scottish |  |
| Black British |  | Mixed – White and Black African |  | White Welsh |  |
| Black  Caribbean |  | Mixed – White and Black Caribbean |  | White Other |  |
| Other: (Please specify): | | | | | |

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| **3. My nationality is** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | Other (please state) | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Sex** | | | | | | | | | | | | | | | | | | | | | | | | |
| Female |  | | | | | | Male | | |  | | | | | | Other | | | | |  | | | |
| Prefer not to say |  | | | | | |  | | | | | | | | | | | | | | | | | |
| **If you select “other”, do you consider yourself to be** | | | | | | | | | | | | | | | | | | | | | | | | |
| Intersex | | | | | | | | | | | | |  | | | | | | | | | | | |
| Indeterminate (not classified as either male or female | | | | | | | | | | | | |  | | | | | | | | | | | |
| Not known (not recorded) | | | | | | | | | | | | |  | | | | | | | | | | | |
| Prefer not to say | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **5. Gender Identity** | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your Gender identity that which is typically associated with or correlated to the sex you were assigned at birth? | | | | | | | | | | Yes | | | | |  | | No | |  | | | Prefer not to say | |  |
| **Other** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Religion** | | | | | | | | | | | | | | | | | | | | | | | | |
| I would describe my religious background/belief as | | | | | | | | | | | | |  | | | | | | | | | | | |
| I have no religious beliefs | | | | | |  | | | | | | | I prefer not to say | | | | | | |  | | | | |
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| **7. Marriage and Civil Partnership** | | | | | | | | | | | | | | | | | | | | | | | | |
| Single | | |  | Civil Partnership | | | | |  | | | Dissolved Civil Partnership | | | | | | | | |  | | | |
| Married | | |  | Co-habiting | | | | |  | | | Widowed | | | | | | | | |  | | | |
| Divorced | | |  | Other | | | | |  | | | Prefer not to say | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Sexual orientation** | | | | | | | | | | | | | | | | | | | | | | | | |
| Bi-sexual | |  | | | Gay | | | | | |  | | | Unsure | | | |  | | | | | | |
| Heterosexual | |  | | | Lesbian | | | | | |  | | | Asexual | | | |  | | | | | | |
| Homosexual | |  | | | Pansexual/Polysexual | | | | | |  | | | Queer | | | |  | | | | | | |
| Other | |  | | | Unsure | | | | | |  | | | Prefer not to say | | | | | | | | | | |
| Other | |  | | | If you select “other” please describe [text box] | | | | | |  | | | | | | | | | | | | | |
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| **10. Do you have caring responsibilities? If yes please tick which best describe you** | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | |  | | | Primary carer of disabled adult (18 and over) | | | | | |  | | | None | | | |  | | | | | | |
| Primary carer of disabled child/children | |  | | | Primary carer of older person (65+) | | | | | |  | | | Other | | | |  | | | | | | |
| Prefer not to say | |  | | |  | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **Criminal Convictions:**  Your application will not automatically be affected by declaring a conviction; we will ask you to provide more information and a panel of staff not involved directly in your application will consider your situation. You need not declare a relevant conviction if it is ‘spent’ as defined in the Rehabilitation of Offenders Act 1974. In addition, if you are applying to a course which involves working with young people or vulnerable adults, you should declare a relevant conviction, even if spent.  Do you have any criminal convictions? If yes please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thank you for your co-operation in completing this form. If you feel it can be improved in any way please comment:** | | | | | | | | | | | | | | | | | | | | | | | | |
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