

Equality and diversity

Court membership: monitoring form

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Table of Contents

[Equality and diversity 1](#_Toc118816990)

[Court Membership: Monitoring form 1](#_Toc118816991)

[Equality and Diversity Statement 1](#_Toc118816992)

## Equality and diversity

### Court Membership: Monitoring form

#### Equality and Diversity Statement

The University of Essex celebrates diversity, challenges inequality and is committed to sustaining an inclusive and diverse community that is open to all who have the potential to benefit from membership of it and which ensures equality of opportunity for all its members. We expect staff, students and visitors to be treated, and to treat each other, with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic background, political beliefs and affiliations, family circumstances or other irrelevant distinction.

|  |  |
| --- | --- |
| Your ethnicity | Please indicate ‘X’ |
| 10 White |  |
| 13 White - Scottish |  |
| 14 Irish Traveller |  |
| 15 Gypsy or Traveller |  |
| 19 Other White background |  |
| 21 Black or Black British - Caribbean |  |
| 22 Black or Black British - African |  |
| 29 Other Black background |  |
| 31 Asian or Asian British - Indian |  |
| 32 Asian or Asian British - Pakistani |  |
| 33 Asian or Asian British - Bangladeshi |  |
| 34 Chinese |  |
| 39 Other Asian background |  |
| 41 Mixed - White and Black Caribbean |  |
| 42 Mixed - White and Black African |  |
| 43 Mixed - White and Asian |  |
| 49 Other mixed background |  |
| 50 Arab |  |
| 80 Other ethnic background |  |
| 90 Not known |  |
| 98 Information refused |  |

|  |  |
| --- | --- |
| Disabilities listed below which you consider apply to you | Please indicate ‘X’ |
| 0 No known disability |  |
| 8 Two or more impairments and/or disabling medical conditions |  |
| 51 A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |  |
| 52 General learning disability (such as Down's syndrome) |  |
| 53 A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder |  |
| 54 A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |  |
| 55 A mental health condition, such as depression, schizophrenia or anxiety disorder |  |
| 56 A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches |  |
| 57 Deaf or serious hearing impairment |  |
| 58 Blind or a serious visual impairment uncorrected by glasses |  |
| 96 A disability, impairment or medical condition that is not listed above |  |
| 97 Information refused |  |

|  |  |
| --- | --- |
| If you have disclosed a disability, would you like to discuss your access requirements with an appropriate member of staff | Please indicate ‘X’ |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| What is your legal sex? | Please indicate ‘X’ |
| Male |  |
| Female |  |

|  |  |
| --- | --- |
| Is your identify the same as the gender you were originally assigned at birth? | Please indicate ‘X’ |
| Yes |  |
| No |  |
| I prefer not to say |  |

|  |  |
| --- | --- |
| Your sexual orientation? | Please indicate ‘X’ |
| Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual |  |
| Other |  |
| I prefer not to say |  |

|  |  |
| --- | --- |
| Religion or belief? | Please indicate ‘X’ |
| No religion |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion or belief |  |
| I prefer not to say |  |

|  |  |
| --- | --- |
| Birth | MM/DD/YYYY |
| Date of birth |  |
| Place of birth |  |

|  |  |
| --- | --- |
| Marital status | Please indicate ‘X’ |
| Married |  |
| Single |  |
| Civil Partnership |  |
| I prefer not to say |  |

|  |  |
| --- | --- |
| Nationality | If you have dual nationality, please confirm your preferred Nationality for de-identified external reporting |
|  |  |

The information provided will be kept separate from other information provided and will not be aligned to your name or used in a way that identifies you. All hard or electronic copies are shredded or deleted once the anonymised entry is recorded. If you would like to update your record please submit a new monitoring form.

Please upload your form to our [secure folder held on Box](mailto:https://essexuniversity.app.box.com/folder/181118045452) or return via email to [governance@essex.ac.uk](mailto:governance@essex.ac.uk). Further information about [Box storage can be found on the web](https://www.box.com/en-gb/cloud-storage).

T 01206 872067

E [governance@essex](mailto:governance@essex.ac.uk?subject=Council%20member%20-%20Personal%20details%20information)

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