Please return this form to [hello@upmo.org](mailto:hello@upmo.org) along with your application. You are not obliged to complete all or any parts of it before returning. However, the information is very important in making sure we provide fair and equitable opportunities for **all** of our staff and students, and the statistics we gather from these forms can often be used to help us attain funding.

**We will never present information in ways which make individuals identifiable and only statistical anonymised information will be shared.**

Monitoring forms are kept separate from the rest of the application, and are stored anonymously. Individual forms will not be seen by any Upmo manager or decision maker.

**ETHNIC ORIGIN**

*Please select multiple categories, if this better represents your ethnicity.*

|  |  |
| --- | --- |
| **Asian**  Bangladeshi, Bangladeshi Scottish or Bangladeshi British  Chinese, Chinese Scottish or Chinese British  Indian, Indian Scottish or Indian British  Pakistani, Pakistani Scottish or Pakistani British  Other Asian background | **White**  White Scottish  White English  Other White British  White Irish  Gypsy or Traveller  White European (please state):  Another White background |
| **Black**  African, African Scottish or African British  Black, Black Scottish or Black British  Caribbean, Caribbean Scottish or Caribbean British  Other Black background | **Mixed**  White and Asian  White and Black African  White and Black Caribbean  White and Chinese  Other mixed background |
| Arabic, Arabic Scottish or Arabic British  Jewish, Jewish Scottish or Jewish British | Another background not listed  Not sure  Prefer not to say |

If you do not feel that the above categories adequately represent your identity, please state in more detail here:

**GENDER IDENTITY**

**How would you describe yourself?**

Male  Female  Non-binary  Gender fluid  Not sure

Prefer not to say  In another way (please state):

**Are you intersex?**

Yes

No

Prefer not to say

**Are you transgender, in the process of transitioning, or have you ever been transgender?**

Yes

No

Prefer not to say

**AGE**

16-25  26-35  36-45  46-55  56-65  65+  Prefer not to say

**SEXUAL ORIENTATION**

Bisexual

Gay

Lesbian

Heterosexual/straight

Pansexual

Asexual

Not sure

Other (please state):

Prefer not to say

**MARRIAGE AND CIVIL PARTNERSHIP**

Single

Married/in a registered same-sex civil partnership

Separated, but still legally married/in a registered same-sex civil partnership

Divorced/formerly in a same-sex civil partnership which is now legally dissolved

Widowed/Surviving partner from a same-sex civil partnership

Prefer not to say

**RELIGION AND BELIEFS**

|  |  |
| --- | --- |
| Christian  Muslim  Buddhist  Sikh  Jewish  Hindu | Pagan  Agnostic  Atheist  Not sure  Prefer not to say  Other (please state): |

**CARING RESPONSIBILITIES**

**Do you have caring responsibilities?**

Yes – child(ren)

Yes – adult(s)

No

Occasionally

Prefer not to say

**DISABILITY**

**Do you consider yourself to have a disability or health condition?**

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 the manager running the recruitment process if you are a job applicant.

Yes

No

Not sure

Prefer not to say

**If you selected ‘yes’ tick the appropriate box(es) from the list below:**

|  |  |
| --- | --- |
| Learning disability  Learning difficulty  Physical  Deaf  Hard of hearing  Blind or visually impaired | Cognitive  Mental health condition  Neurodivergence  Long term health condition  Long COVID  Prefer not to say  Other (please state): |

**ASYLUM**

**Are you currently, or have you previously been, a refugee or Asylum seeker?**

Yes

No

Prefer not to say

**Where did you see this post advertised?  
i.e. word of mouth, website, local newspaper**

|  |
| --- |
|  |