

CHANGES TO EQUALITY & DIVERSITY INFORMATION 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, religion or belief or non 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.

Please only complete your personal details and any areas of the form where your protected characteristics have changed and return to; The HR Services Team, Eric Wood Building. Or via email, confidentially to <u>HREnquiries@dmu.ac.uk</u>. The personal details in the box below will enable us to identify you within the HR database so your details are entered correctly.

PERSONAL DETAILS

Full name:

Date of Birth:

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 required as a result of disability will be considered after the formal interview process.

ARE YOU DISABLED?	Yes		No
I have two or more impairments and/or disabling	g medical conditions		· ·
I have a specific learning disability (such as dys	lexia or dyspraxia)		
I have a general learning disability (such as Dov	wn's Syndrome)		
I have a social/communication impairment (sucl	h as Asperger's syndrom	e or other	autistic spectrum disorder)
I have a long-standing illness or health condition	n (such as cancer, HIV, c	iabetes, c	hronic heart disease or epilepsy)
I have a mental health condition (such as depre	ssion or schizophrenia)		
I have a physical impairment or mobility issues	(such as difficulty using a	rms or us	ing wheelchair or crutches)
I am deaf or have a serious hearing impairment			
I am blind or have a serious visual impairment			
I have a disability not listed above (please spec	I have a disability not listed above (please specify)		

TRANS OR TRANSGENDER PEOPLE ARE THOSE WHO IDENTIFY AS SOMEONE WITH DIFFERENT GENDER FROM THAT IN WHICH THEY WERE BORN. SOME MAY HAVE GONE THROUGH MEDICAL TREATMENT AND OTHERS MAY HAVE DECIDED NOT TO. DO YOU IDENTIFY YOURSELF AS TRANS/TRANSGENDER?					
Yes		No		PREFER NOT TO SAY	

Black or Black British – African

PLEASE SELECT YOUR RELIGIOUS BELI	EF:		
Buddhist	Jewish	Spiritual	
Christian	Muslim	Any other religion or belief	
Hindu	Sikh	No religion	

PLEASE SELECT THE OPTION WHICH DESCRIBES YOUR SEXUAL ORIENTATION:				
Bisexual	Gay woman/lesbian		Gay man	
Heterosexual	Other		Prefer not to say	
PLEASE SELECT YOUR ETHNIC ORIGIN:				
Asian or Asian British - Bangladeshi	Black or Black British – Caribbean		White & Asian	
Asian or Asian British – Indian	Black Other		White & Black African	
Asian or Asian British - Pakistani	Chinese		White & Black Caribbean	
Asian Other	Gypsy or Traveller		Any Other Ethnic Origin	
Arab	Other mixed background		Not known	

DECLARATION	
Signed:	Dated:

White

Prefer not to say