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| Human Resources Department, Royal Academy of Music, Marylebone Road, London NW1 5HTTelephone: 020 7873 7495/7496 Email: hr@ram.ac.uk |

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| EQUALITY MONITORING FORM |
| If you would like this form in an alternative format, e.g. large print, please contact us.We operate a name-blind recruitment policy; this form will be kept separate from your application. Your name will only be given to the interview panel at the interview stage. For further information about the use of this form, visit <https://www.ram.ac.uk/about-us/equality>. We are committed to ensuring that all job applicants and members of staff are treated equally. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity. All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. Please note your information will be treated in the strictest of confidence. The form will be separated from your application on receipt and only your contact details will be used if you are shortlisted and being invited to an interview. The other information is anonymised and will be used for **monitoring purposes only** and will not be available to members of the selection panel or elsewhere in the Academy. For further information on privacy please read our [Privacy Statement](https://s3.eu-west-1.amazonaws.com/whitespace-ram/production/HR-Privacy-notice-May-2020.pdf). Please return your completed application form and Equality Monitoring Form as separate **.pdf** or **Word** files to the email or postal address above by the closing date. |

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| Job title |  | Reference number |  |
| Where did you see this vacancy advertised? |  |
| Have you previously applied for a vacancy at the Academy? |  |

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| **CONTACT DETAILS** |
| Title | (Please tick) | Mr [ ]  | Mrs [ ]  | Ms [ ]  | Miss [ ]  | Dr [ ]  | Mx [ ]  | Other (please state) |
| First name |  | Middle name(s) |  |
| Surname |  |
| Address |  |
| Post code |  |
| Home phone no. |  | Work phone no. |  |
| Mobile phone no. |  |
| E-mail |  |

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| **PERSONAL DETAILS** |
| Gender | Female [ ]  | Male [ ]   | Other [ ]  Prefer not to say [ ]   |
| Is your gender identity the same as the gender you were originally assigned at birth? | Yes [ ]  No [ ]  Prefer not to say [ ]  |
| Date of Birth |  | Nationality |  |
| Do you need permission to work in the UK? (e.g. a Certificate of Sponsorship) | Yes [ ]  | No [ ]  |

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| **ETHNIC ORIGIN** |
| White | [ ]  | Black/Black British – Caribbean | [ ]  | Black/ Black British – African | [ ]  |
| Other Black background | [ ]  | Asian/Asian British – Indian | [ ]  | Asian/Asian British – Pakistani | [ ]  |
| Asian/Asian British – Bangladeshi | [ ]  | Asian/ Asian British – Chinese | [ ]  | Other Asian background | [ ]  |
| Mixed – White and Black Caribbean | [ ]  | Mixed – White and Black African | [ ]  | Mixed – White and Asian | [ ]  |
| Other Mixed background | [ ]  | Arab | [ ]  | Other Ethnic background | [ ]  |
| Prefer not to say | [ ]  |  |

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| **RELIGION OR BELIEF** |
| Buddhist | [ ]  | Christian | [ ]  | Hindu | [ ]  |
| Jewish | [ ]  | Muslim | [ ]  | Sikh | [ ]  |
| Spiritual | [ ]  | Other (*specify)* | [ ]  | No religion | [ ]  |
| Prefer not to say | [ ]  |  |
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| **SEXUAL ORIENTATION** |
| Bisexual | [ ]  | Gay/ Lesbian | [ ]  | Heterosexual / Straight | [ ]  |
| Other | [ ]  | Prefer not to say | [ ]  |  |  |
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| **DISABILITY** |
| Do you consider yourself to have a disability? | Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
| Nature of Disability (Please tick the most applicable box or boxes) |
| A specific learning difficulty (such as dyslexia, dyspraxia or AD(H)D) | [ ]  |
| General learning disability (such as Down's syndrome) | [ ]  |
| A social/communication impairment (such as Asperger’s syndrome/other autistic spectrum disorder) | [ ]  |
| A long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy) | [ ]  |
| A mental health condition (such as depression, schizophrenia or anxiety disorder) | [ ]  |
| A physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) | [ ]  |
| Deaf or serious hearing impairment | [ ]  |
| Blind or serious visual impairment uncorrected by glasses | [ ]  |
| A disability, impairment or medical condition that is not listed above | [ ]  |
| We will ask if you have any specific requirements or access arrangements in relation to attending an interview. |

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| **APPLICANT DECLARATION** |
| The data on this application form will be used for the purpose of personnel administration and legitimate interests relating to employment. The Academy observes the General Data Protection Regulation all times.I confirm that the details given by me in this application are accurate and true. I give my permission for the Academy to undertake pre-employment checks based on these details. I understand that any false statement or failure to disclose information where required to do so will, if engaged, render me liable to disciplinary action that includes dismissal from service. |
| **Signed** |  | **Date** |  |