**Diversity Monitoring Form**

The London Arts and Humanities Partnership are committed to equality of opportunity in our studentship selection processes. In order to monitor our progress, we need to collect monitoring data.

The information you supply on this form will be kept confidential and stored separately from your application.

**The answers you give will have no bearing on the outcome of your application.**

Please note: each question has the option to opt out of giving an answer.

**Age**

Please identify the your age bracket

0 – 24

25 – 29

30 – 34

35 – 39

40 – 44

45 – 49

50 – 54

55 – 59

60 – 64

65 +

Prefer not to say

**Gender identity**

Please state your gender identity

Female

Male

Non-binary

Prefer to self-define:

Prefer not to say

Do you identify as transgender?

Yes

No

Prefer not to say

**Ethnicity**

What is your ethnic group? Choose one option that best describes your ethnic group or background. (These categories are based on those recommended by the UK Office for National Statistics.)

White

Welsh/English/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

Mixed/Multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe:

Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/Caribbean background, please describe:

Other ethnic group

Arab

Any other ethnic group, please describe:

I would prefer not to declare my ethnicity

**Disability**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Do you consider yourself to be disabled?

Yes

No

Prefer not to say

If “yes”, what is the nature of your disability? Please select as many as apply.

No disability

A specific learning difficulty, e.g., dyslexia

Blind/partially sighted

Deaf/hearing impairment

Wheelchair user/mobility difficulties

Mental health difficulties

Autistic spectrum disorder

An unseen disability, e.g., diabetes, epilepsy, asthma

Other disability:

Prefer not to say

**Sexual orientation**

Please select your sexual orientation

Bisexual

Heterosexual

Homosexual

Prefer to self-describe:

Prefer not to say