

Equality and Diversity Monitoring Form

The NIHR are committed to promoting equality, diversity and inclusion in research. By answering these Equality and Diversity Monitoring Information questions, you will help us to better understand the different groups of people that apply to us for awards and their experiences of the process – particularly the groups protected by UK equality legislation. We ask for information relating to disability, gender, nationality, ethnicity, sexual orientation, religion or belief and caring responsibilities. This personal information is kept securely and is anonymised. Access to this information is restricted and there are strict laws that protect your personal data and sensitive personal information.

With your consent, the NIHR will:

- Use your diversity monitoring information to better understand the research workforce who apply for and are supported through our awards, and to monitor our own funding and selection processes;
- publish annual diversity data, on a 'no names' basis, on applications and awards for each of our research and training programmes, to provide transparency and accountability on NIHR's levels of equality, diversity and inclusion; and
- where we work with other organisations to better understand our award-making processes and funding in relation to diversity, share your diversity monitoring information (on a 'no names' basis) with those organisations for this purpose.

For more about how we will use and look after your personal information, see the NIHR [Privacy Policy](#).

It is possible to select “prefer not to say” as a response if you prefer not to answer any of these questions, however, the more information you provide, the more effective our monitoring will be. This information will not be used to make decisions about your application.

Consent

In addition to collecting this information for monitoring purposes as described above, we would also like to use this information to track and monitor career progression across the protected characteristics collected through this form. This will allow us to better understand career progression across the various groups of people that we fund. To give permission for us to use your data for this purpose please indicate here.

Yes No

PERSONAL DETAILS

Please check the information below and complete/amend as appropriate.

Surname/Family name: _____

Previous Surname (if applicable): _____

Forename/Other names: _____

Title: (Mr/Mrs/Miss/Ms/Mx/Dr/Prof etc.) _____

Home Address: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Gender (please tick): Male Female Other

Does your gender identity match your sex as registered at birth? (please tick) Yes No Prefer not to say

Date of Birth (DD/MM/YYYY): _____

Nationality/Nationalities: _____

DISABILITY

Do you consider yourself to be disabled/have a disability? Yes No

If **YES**, please tick appropriate box(es) below:

- | | | |
|-----------|--|--------------------------|
| 08 | Two or more impairments and/or disabling medical conditions | <input type="checkbox"/> |
| 51 | A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | <input type="checkbox"/> |
| 52 | General learning disability (such as Down's syndrome) | <input type="checkbox"/> |
| 53 | A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder | <input type="checkbox"/> |
| 54 | A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy | <input type="checkbox"/> |
| 55 | A mental health condition such as depression, schizophrenia or anxiety disorder | <input type="checkbox"/> |
| 56 | A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches | <input type="checkbox"/> |
| 57 | Deaf or serious hearing impairment | <input type="checkbox"/> |
| 58 | Blind or a serious visual impairment uncorrected by glasses | <input type="checkbox"/> |
| 96 | A disability, impairment or medical condition that is not listed above | <input type="checkbox"/> |
| 97 | Prefer not to say | <input type="checkbox"/> |

RELIGION OR BELIEF

Please tick appropriate box

01 No religion **12** Muslim

02 Buddhist	<input type="checkbox"/>	13 Sikh	<input type="checkbox"/>
03 Christian	<input type="checkbox"/>	14 Spiritual	<input type="checkbox"/>
10 Hindu	<input type="checkbox"/>	80 Any other religion or belief	<input type="checkbox"/>
11 Jewish	<input type="checkbox"/>	98 Prefer not to say	<input type="checkbox"/>

ETHNICITY

Please tick appropriate box

10 White	<input type="checkbox"/>	39 Other Asian background	<input type="checkbox"/>
15 Gypsy or Traveller	<input type="checkbox"/>	41 Mixed - White and Black Caribbean	<input type="checkbox"/>
21 Black or Black British - Caribbean	<input type="checkbox"/>	42 Mixed - White and Black African	<input type="checkbox"/>
22 Black or Black British - African	<input type="checkbox"/>	43 Mixed - White and Asian	<input type="checkbox"/>
29 Other Black background	<input type="checkbox"/>	49 Other mixed background	<input type="checkbox"/>
31 Asian or Asian British – Indian	<input type="checkbox"/>	50 Arab	<input type="checkbox"/>
32 Asian or Asian British - Pakistani	<input type="checkbox"/>	80 Other ethnic background	<input type="checkbox"/>
33 Asian or Asian British - Bangladeshi	<input type="checkbox"/>	90 Not known	<input type="checkbox"/>
34 Chinese	<input type="checkbox"/>	98 Prefer not to say	<input type="checkbox"/>

SEXUAL ORIENTATION

Please tick appropriate box

01 Bisexual	<input type="checkbox"/>	04 Heterosexual	<input type="checkbox"/>
02 Gay man	<input type="checkbox"/>	05 Other	<input type="checkbox"/>
03 Gay woman/lesbian	<input type="checkbox"/>	98 Prefer not to say	<input type="checkbox"/>

CARING RESPONSIBILITIES

Do you have any caring responsibilities? Yes No

If **YES**, please tick appropriate box(es) below:

08 Primary carer of a child or children (under 18 years)	<input type="checkbox"/>
51 Primary carer of a disabled child or children	<input type="checkbox"/>
52 Primary carer or assistant for a disabled adult (18 years and over)	<input type="checkbox"/>
53 Primary carer or assistant for an older person or people (65 years and over)	<input type="checkbox"/>
54 Secondary carer (another person carries out main caring role)	<input type="checkbox"/>
98 Prefer not to say	<input type="checkbox"/>

DECLARATION

To the best of my knowledge, I declare that this information is correct.

Signature

Date:

Thank you for taking time to complete this form

Please e-mail this with your full application to joanna.clark@manchester.ac.uk

This personal information is kept securely and is anonymised. Access to this information is restricted and there are strict laws that protect your personal data and sensitive personal information.