**Equal Opportunities Monitoring Form**

The RIBA is committed to driving equity, diversity, and inclusion within architectural education. To help us monitor and achieve this we would be grateful if you could complete this form and return with your application to [student.support@riba.org](mailto:student.support@riba.org)

This form will be separated from your application upon receipt and will not be included in the assessment process. The information provided here will be treated as confidential and will be used strictly for the purposes of monitoring equal opportunities

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| How did you find out about this funding scheme? |
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| What is your date of birth? For example 31/03/1980 |
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| What is your nationality? |
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| --- | --- |
| What is your ethnic group? | |
| Asian or Asian British  Which of the following best describes your Asian or Asian British background?  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  Prefer not to say | Black, African, Caribbean, or Black British  Which of the following best describes your Black, African, Caribbean, or Black British background?  Caribbean  African  Any other Black, African or Caribbean background  Prefer not to say |
| Mixed or Multiple Ethnic Groups  Which of the following best describes your Mixed or Multiple Ethnic Groups background?  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed or Multiple Ethnic background  Prefer not to say | White  Which of the following best describes your White background?  English, Welsh, Scottish, Northern Irish or British  Irish  Gypsy or Irish Traveller  Any other White background  Prefer not to say |
| Other ethnic group  Which of the following best describes your background?  Arab  Any other ethnic background  Prefer not to say | |

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| What is your religion? | |
| No religion | Hindu |
| Christian (all denominations) | Jewish |
| Buddhist | Muslim |
| Sikh | Humanist |
| Free Thinker | Taoist |
| Jain | Zoroastrian |
| Other | Prefer not to say |

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| --- | --- | --- |
| What is your sex? | | |
| Female | Male | Prefer not to say |

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| --- | --- | --- |
| Is the gender you identify with the same as your sex registered at birth? | | |
| No | Yes | Prefer not to say |
| If you answered ‘No’ above, what is your gender identity? (optional) | | |

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| --- | --- | --- | --- | --- |
| What is your sexual orientation? | | | | |
| Bisexual | Gay or Lesbian | Heterosexual / Straight | Other | Prefer not to say |
| If you answered ‘Other’ above, what is your sexual orientation? (optional) | | | | |

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| Would you describe yourself as having a physical or mental health condition lasting or expected to last 12 months or more? |
| Yes  No  Prefer not to say |

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| --- | --- | --- | --- |
| Are you the first in your family to study at University? | | | |
| I don’t know | No | Yes | Prefer not to say |

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| Do you have responsibility for dependants?  (Dependants relates to children, or elderly, or other person for whom you are the main carer) |
| Yes  No  Prefer not to say |

Thank you for taking the time to complete this form!