**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

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!