

**Nominee Diversity Monitoring Form**

**Please note: this section of the form must be completed by the nominee. A separate version just of this form is available on our website or nominees may opt to complete the online form -** [**Nominee Diversity Monitoring Form**](https://acss.org.uk/our-fellows/nominate-a-fellow/diversity-monitoring-form/)

As a charitable organisation and an employer the Academy is under a legal obligation to monitor its activities with respect to diversity. We would be grateful if you could supply the following information.

**Data Protection Act 2018**

The information submitted on this form is used to monitor the composition of the Academy’s membership. At no time is it used as part of the selection process for membership and will only be used for the purposes of providing statistical returns within the Academy. Both electronic and paper records will be deleted/shredded within seven years of you leaving the Academy or within twelve months, if you are not successfully nominated.

Please check the boxes you consider to be most relevant

1. **Ethnic Origin:**

|  |  |
| --- | --- |
| Asian or Asian British - Bangladeshi |[ ]  Mixed – White and Black African |[ ]
| Asian or Asian British – Indian |[ ]  Mixed – White and Asian |[ ]
| Asian or Asian British – Pakistani |[ ]  Mixed – White & Black Caribbean |[ ]
| Other Asian background |[ ]  Other Mixed background |[ ]
| Black or Black British – African |[ ]  White – British |[ ]
| Black or Black British – Caribbean |[ ]  White – Irish |[ ]
| Other black background  |[ ]  Other White background |[ ]
| Chinese |[ ]  Other Ethnic background (please specify) |
| Prefer not to say |[ ]   |

*The categories listed above arebased on the 2001 Census of Population ethnicity classifications*

|  |
| --- |
| 1. **Sex:** What is your sex?
 |
| Male |[ ]  Female |[ ]  Prefer not to say |[ ]

|  |
| --- |
| 1. **Gender:** How would you describe your gender identity?
 |
| Man |[ ]  Woman |[ ]  Non-binary  |[ ]
| In another way [ ]  (specify below if you wish) | Prefer not to say |[ ]

|  |
| --- |
| 1. **Disability:** Do you consider yourself to have a disability?

A physical or mental impairment with a substantial long-term adverse effect on normal day-to-day activities |
| Yes |[ ]  No |[ ]  Prefer not to say |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Type of workplace:**
 | HE |[ ]  Government |[ ]  Other |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Area of UK:**
 | England |[ ]  Scotland |[ ]  Wales |[ ]
|  | N.Ireland |[ ]  Other location (please state) |  |

*The questions and classifications are based on guidance provided by Advance HE, EHRC and UK Statistics Authority*