**EDI Monitoring**

The University of Lincoln wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010. The organisation needs your help and co-operation to enable it to do this, but filling in the remainder of questions is voluntary. The information in this form is **for monitoring purposes only**. Under no circumstances will it form part of any decision-making processes, see our Privacy Notice [Data Privacy Staff Notice v1 (bpb-eu-w2.wpmucdn.com)](https://bpb-eu-w2.wpmucdn.com/blogs.lincoln.ac.uk/dist/7/8237/files/2019/09/Data-Privacy-Applicants-Notice.pdf%22%20%5Ct%20%22_blank).

1. **Do you wish to complete the next set of questions?**
* Yes
* No
1. **How old are you?**
* 16-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65+
* Prefer not to say
1. **What is your ethnicity?**

Asian or Asian British

* Bangladeshi or Bangladeshi British
* Chinese or Chinese British
* Indian or Indian British
* Pakistani or Pakistani British
* Any other Asian background

Black or Black British

* + African or African British
	+ Caribbean or Caribbean British
	+ Any other Black background

Mixed or multiple ethnic groups

* + White or White British and Asian or Asian British
	+ White or White British and Black or Black Caribbean
	+ White or White British and Black or Black African
	+ Any other mixed or multiple ethnic groups

White

* + White English, Scottish, Welsh, Northern Irish or British
	+ White Irish
	+ White Gypsy or Irish Traveller
	+ White Roma
	+ Any other white background
* Any other ethnic background
* Prefer not to say

**What is your sex?**

* Male
* Female
* Prefer not to say

**How would you describe your gender identity?**

* Man
* Woman
* Non-binary
* Different identity
* Prefer not to say

**Are you trans or do you have a trans history?**

* Yes
* No
* Prefer not to say

**How would you describe your sexual orientation?**

* Asexual
* Bisexual
* Gay or lesbian
* Heterosexual/straight
* Queer
* In another way
* Prefer not to say

**Do you consider yourself to have a disability or long-term health condition?**

* Yes
* No
* Prefer not to say

**What is your religion or belief?**

* No religion or belief
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* Prefer not to say
* If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

* None
* Primary carer of a child/children (under 18)
* Primary carer of disabled child/children
* Primary carer of disabled adult (18 and over)
* Primary carer of older person
* Secondary carer (another person carries out the main caring role)
* Prefer not to say