**Equality and Diversity Monitoring Form**

Kirklees College is committed to equal opportunities for all. It would be great assistance in pursuing our commitment to equal opportunities and supporting effective governance if you would complete this monitoring form on a voluntary basis. For more information about how we measure impact, please visit our website [www.kirkleescollege.ac.uk](http://www.kirkleescollege.ac.uk) and read our Equality & Diversity Policy.

Any information you provide in this form will be stored securely and used only in accordance with the preferences you state overleaf and with our Privacy Notice – General (non Staff or Students).

If you would like to:

* Change a previous decision you have made about how college may use any personal data you have provided in this form, or otherwise;
* Amend, add to, or correct any personal data you have previously provided; or
* Ask us to delete any personal data we hold about you,

Please contact the Clerk to the Corporation.

Please note that we are required to retain certain information, such as Governors’ names. Fiduciary interests, and contact details, for 6 years following termination of appointments. Please note also that in most cases, we cannot retrieve information once it has entered the public domain or been shared with any third party organisation.

\*Required

|  |
| --- |
| 1. **Your name**
 |
|  |

**Care Responsibilities**

Answering this question will help us support you better and assist with our diversity monitoring and initiatives to secure a representative board.

|  |
| --- |
| **2. Do you have any caring responsibilities? (Please tick all that apply)** |
|  | Primary carer of a child or children (Under 18 years) |
|  | Primary carer of a disabled child or children |
|  | Primary carer or assistant for a disabled adult (18 years +)  |
|  | Primary carer or assistant for an older person or people (65 years +)  |
|  | Secondary carer (another person carries out main caring role) |
|  | Prefer not to say |
|  | None |

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| 1. **Please consider sharing details of your caring responsibilities and weather any support or adjustments would make it easier for you to attend the selection process and fulfil the role of College Governor if appointed.**
 |
|  |

**Disability**

Answering this question will help us support you better and assist with our diversity monitoring and initiatives to secure a representative board.

|  |
| --- |
| **4. Do you consider yourself to have a disability?** |
|  | Yes |
|  | No |
|  | Prefer not to say |

|  |
| --- |
| 1. **Please consider sharing details of the type of disability you have and what steps/equipment should be provided, if any, to make it easier for you to attend the selection process and fulfil the role of College Governor if appointed.**
 |
|  |

**Ethnicity**

This is something we regularly report on to our funding body. Answering this question will help us with our diversity monitoring and initiatives to secure a representative board.

Choose ONE section, then tick ONE box which best desicribes your ethnic group or background.

|  |
| --- |
| 1. **African**
 |
|  | African |
|  | Other |

|  |
| --- |
| 1. **Asian/Asian British**
 |
|  | Bangladeshi |
|  | Chinese |
|  | Indian |
|  | Pakistani |
|  | Other |

|  |
| --- |
| 1. **Black/Caribbean/Black British**
 |
|  | Black |
|  | Caribbean |
|  | Other |

|  |
| --- |
| 1. **Mixed/multiple ethnic groups**
 |
|  | White and Asian |
|  | White and Black African |
|  | White and Black Caribbean |
|  | Other |

|  |
| --- |
| 1. **White**
 |
|  | English |
|  | Other British |
|  | Irish |
|  | Gypsy or Traveller |
|  | Polish |
|  | Other |

|  |
| --- |
| 1. **Other**
 |
|  | Other |
|  | Prefer not to say |

**Gender Reassignment**

Answering this question will help us with our diversity monitoring and initiatives to secure a representative board.

|  |
| --- |
| 1. **Do you consider yourself to have the protected characteristic of gender reassignment?**
 |
| A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex.  |
|  | Yes |
|  | No |
|  | Prefer not to say |

**Religion**

Please let the Clerk know if you have any additional requirements, such as dates of religious observances we should be aware of when planning?

|  |
| --- |
| 1. **Please select:**
 |
|  | Buddhist |
|  | Christian |
|  | Hindu |
|  | Jewish |
|  | Muslim |
|  | Sikh |
|  | No Religion |
|  | Prefer not to say |
|  | Other |

**Sex**

Answering this question will help us with our diversity monitoring and initiatives to secure a representative board.

|  |
| --- |
| 1. **Please select:**
 |
|  | Female |
|  | Male |

**Sexual Orientation**

Answering this question will help us with our diversity monitoring and initiatives to secure a representative board.

|  |
| --- |
| 1. **Please select:**
 |
|  | Bisexual |
|  | Gay Man |
|  | Gay woman/lesbian |
|  | Heterosexual/Straight |
|  | Prefer not to say |
|  | Other |

**Consent and Confirmations:**

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| --- |
| 1. **Can the college use the information you have provided in this form for its own internal purposes, i.e. to monitor compliance with its Equality & Diversity Policy and any Equality and Diversity performance targets; to ensure that Governors’ needs are met; and to further the objective of having a diverse and representative Board of Governors?**
 |
|  | Yes |
|  | No |

|  |
| --- |
| 1. **Can the college use the information you have provided in this form for external purposes, such as to report to college stakeholders, including through the media and to provide statistical returns to the Government, regulatory and/or funding bodies and membership bodies that the college is part of, such as the Association of colleges (without naming you unless we have you express consent)?**
 |
|  | Yes |
|  | No |

|  |
| --- |
| 1. **Are you happy for the college to name you in relation to any characteristic you have provided, for example if we asked whether there are any Governors with disabilities or any LGBT Governors?**
 |
|  | Yes I am happy to named is relation to any of the information I have provided. |
|  | No I do not wish to be named |
|  | Yes to some but not all – please show me a checklist |

|  |
| --- |
| 1. **I am happy to be named in relation to the following characteristics: \***

Please tick all that apply. |
|  | Caring responsibilities  |
|  | Disability |
|  | Ethnic Group |
|  | Gender Reassignment Status |
|  | Religion |
|  | Sex |
|  | Sexual Orientation  |
|  | None |