Please complete the form below and return it to The Governance Office either by email to governance@essex.ac.uk or by post.

The University is asking you to provide this information in order to better understand the diversity of the membership of Court. We recognise that a wide and diverse membership of Court will best support us in achieving our strategic aims and the information provided will enable us to take steps to increase diversity where there is under-representation.

You can be assured that the information you provide will be held securely, in an anonymised form, and treated as strictly confidential in accordance with the requirements of the Data Protection Act.

**PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>Surname/Last name</th>
<th>First name(s)</th>
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<thead>
<tr>
<th>Professional/Preferred Surname</th>
<th>Preferred first name</th>
<th>Date of Birth</th>
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**EQUALITY AND DIVERSITY**

Your **nationality**

Please tick your **ethnicity**

- White
- Arab
- Asian – other background
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - other background
- Chinese
- Gypsy or Traveller
- Mixed – other background
- Mixed - White and Black African
- Mixed - White and Asian
- Mixed - White and Black Caribbean
- Other Ethnic background
- I prefer not to say

Please tick any of the **disabilities** listed below which you consider apply to you

- No known disability
- A specific learning disability such as dyslexia or dyspraxia or AD(H)D
- Blind or serious visual impairment uncorrected by glasses
- A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder
- Deaf or a serious hearing impairment
- General learning disability (such as Down’s syndrome)
- A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition (such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- A disability, impairment or medical condition that is not listed above
- I prefer not to say

If you have disclosed a disability and require a reasonable adjustment in order to carry out your role as a member of Court, e.g. an accessible parking space, please contact the Governance Office.

What is your **legal sex**? ☐ Male ☐ Female

Is your **gender identity** the same as the gender you were originally assigned at birth? ☐ Yes ☐ No

Please tick your **sexual orientation**?

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Other
- I prefer not to say

Please tick your **religion or belief**

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Spiritual
- Any other religion or belief
- I prefer not to say