# Equality and diversity monitoring form

As a registered charity and a membership organisation, **The Royal College of Ophthalmologists** wants to adopt good practice in every area of its work. This includes not discriminating under the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance), and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We ask you to complete the equal opportunities form, aware that some members will be most comfortable ticking the “prefer not to say” box.

All data will be managed securely and accurately within the College’s CRM database system.

**Gender** Male [ ]  Female [ ]  Prefer not to say [ ]

**Are you married** Yes [ ]  No [ ]  Prefer not to say 🗆

**In a civil partnership?** Yes [ ]  No [ ]  Prefer not to say 🗆

**Single** Yes [ ]  No [ ]  Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English/Welsh/Scottish/Northern Irish/British [ ]  Irish [ ]

Gypsy or Irish Traveller [ ]  Prefer not to say [ ]

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Prefer not to say [ ]  Any other mixed background, please write in:

***Asian/Asian British***

Indian [ ]  Pakistani [ ]  Prefer not to say [ ]

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African [ ]  Caribbean [ ]  Black British [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please write in:

***Chinese***

Chinese [ ]  Middle Eastern [ ]  Prefer not to say [ ]

Any other Chinese background, please write in:

***Other ethnic group***

Arab [ ]  Middle Eastern [ ]  Prefer not to say [ ]

Any other ethnic group, please write in:

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

Yes[ ]  No [ ]  Prefer not to say [ ]

**What is your sexual orientation?**

Heterosexual [ ]  Gay woman/lesbian [ ]  Gay man [ ]  Bisexual [ ]

Prefer not to say 🗆

If other, please write in:

**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:

FIRST SPOKEN LANGUAGE:

Please submit this form with your application for membership