# 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