



Political Studies Association

Equal Opportunities Monitoring Form

The Political Studies Association (PSA) is committed to the promotion of equality of opportunity for all and we aim to reflect this in all of our policies, practices and procedures.

To make this meaningful we need reliable and comprehensive data on funding, recruitment and participation in our activities. This helps us to monitor the effectiveness of our policies and to make changes where necessary. We would be grateful therefore if you could provide us with the following information.

This form will be separated from your application and treated in the strictest confidence. The information you provide will be used for statistical and monitoring purposes only and will not be seen by any application panels or used as part of any process for recruitment selection/allocation of funding. Please complete all relevant sections of the form.

Position/grant for which applying:

Where did you find out about this opportunity?

I would describe my gender as:

Male

Female

Prefer not to say

I prefer to use my own term (please state): [Click here to enter text.](#)

Ethnicity

Categories are those used by the Office for National Statistics in the population census of 2011

<input type="checkbox"/> Arab	<input type="checkbox"/> Mixed: White and Black Caribbean
<input type="checkbox"/> Asian or Asian British: Indian	<input type="checkbox"/> Mixed: White and Black African
<input type="checkbox"/> Asian or Asian British: Pakistani	<input type="checkbox"/> Mixed: White and Asian
<input type="checkbox"/> Asian or Asian British: Bangladeshi	<input type="checkbox"/> Mixed: Other background
<input type="checkbox"/> Asian or Asian British: Chinese	<input type="checkbox"/> White: British
<input type="checkbox"/> Asian or Asian British: Other background	<input type="checkbox"/> White: Irish
<input type="checkbox"/> Black or Black British: African	<input type="checkbox"/> White: Gypsy or Irish Traveller
<input type="checkbox"/> Black or Black British: Caribbean	<input type="checkbox"/> White: Other background
<input type="checkbox"/> Black or Black British: Other background	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> I prefer to use my own term (please state): Click here to enter text.	
<input type="checkbox"/> Prefer not to say	

Do you consider yourself to have a disability?

This is defined as an impairment, health condition or learning difference that has a substantial or long-term impact on your ability to carry out day-to-day activities.

Yes

No

Prefer not to say

If 'yes' please specify:

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

A mental health difficulty, such as depression, schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder

Blind or have a visual impairment uncorrected by glasses

D/deaf or have a hearing impairment

An impairment, health condition or learning difference that is not listed above (specify if you wish): [Click here to enter text.](#)

Prefer not to say

Thank you for completing this form