**Equal Opportunities Monitoring Form**

The RIBA is committed to driving equity and inclusion within architectural education. To help us monitor and achieve this we would be grateful if you could complete this form and return with your bursary/scholarship application to [student.support@riba.org](mailto:student.support@riba.org)

This form will be separated from your application upon receipt and will not be included in the assessment process. The information provided here will be treated as confidential and will be used strictly for the purposes of monitoring equal opportunities and for no other purpose.

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| Which RIBA funding scheme are you applying for? | How did you find out about this funding scheme? |
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| What is your nationality? |
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| --- | --- |
| What is your ethnic group? | |
| **Asian or Asian British:** | **Black or Black British:** |
| Indian | Caribbean |
| Bangladeshi | African |
| Pakistani | Any other Black background |
| Chinese |  |
| Any other Asian background |  |
| **Mixed/Multiple ethnic group:** | **White:** |
| White and Black Caribbean | White English/Welsh/Scottish/Northern Irish |
| White and Black African | White Irish |
| White Asian | Gypsy or Irish Traveller |
| Any other Mixed / Multiple ethnic background | Any other White background |
| **Other ethnic group:** |  |
| Arab |  |
| Any other ethnic background | Prefer not to say |

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| What is your religion? | |
| No religion | Hindu |
| Christian (all denominations) | Jewish |
| Buddhist | Muslim |
| Sikh | Humanist |
| Free Thinker | Taoist |
| Jain | Zoroastrian |
| Other | Prefer not to say |

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| --- | --- |
| What is your gender? | |
| Female | Male |

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| --- | --- |
| What is your gender identity? | |
| Man | Transgender Man |
| Woman | Transgender Woman |
| Non-binary | Gender-fluid |
| Genderqueer | Prefer not to say |
| Agender | Other |

|  |  |
| --- | --- |
| What is your sexual orientation? | |
| Bisexual | Heterosexual / straight |
| Gay man | Other |
| Gay woman / lesbian | Prefer not to say |

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| Would you describe yourself as having a disability? |
| Yes  No  Prefer not to say |

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| Would you describe yourself as having a long term health condition?  (This includes, for example, diabetes, arthritis, cancer, HIV, dyslexia, depression etc) |
| Yes  No  Prefer not to say |

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| Do you have responsibility for dependants?  (Dependants relates to children, or elderly ,or other person for whom you are the main carer) |
| Yes  No  Prefer not to say |

Thank you for taking the time to complete this form.