**Student Trustee Equality Form**

Warwick SU is committed to equality and diversity and preventing discrimination in its employment practices by stimulating genuine equality in opportunity. All aspects of employment practice in the Equal Opportunities Policy are monitored to ensure that they are effectively applied; as is the diversity of the composition of the Board of Trustees. In order to ensure the effectiveness of the Equal Opportunities Policy and the application of best practice, you are asked to assist by providing the information as outlined below.

This information is kept confidential and is only used for monitoring purposes and to enable the Board to identify barriers for involvement.

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME:** |  | | |
| **TITLE: (delete as applicable)** | MR / MRS / MISS / MS / MX / NO TITLE / Other – please state | | |
| **GENDER:**  **(mark with an ‘X’ as applicable)** | FEMALE  MALE  PREFER NOT TO SAY  OTHER …………………… | **Is your gender identity the same as the gender you were assigned at birth?** | YES  NO  PREFER NOT TO SAY |
| **NATIONALITY:** |  | **ETHNIC ORIGIN:** |  |
| **MARITAL STATUS:**  **(mark with an ‘X’ as applicable)** | MARRIED  SINGLE  IN A CIVIL PARTNERSHIP  PREFER NOT TO SAY  OTHER ……………………………….. | **SEXUAL ORIENTATION**  **(mark with an X as applicable)** | HETEROSEXUAL  GAY WOMEN / LESBIAN  GAY MAN  BISEXUAL  PREFER NOT TO SAY  OTHER …………………………….. |
| **RELIGION OR BELIEF:**  **(mark with an ‘X’ as applicable)** | NO RELIGION OR BELIEF  BUDDHIST  CHRISTIAN  HINDU  JEWISH  MUSLIM  SIKH  PREFER NOT TO SAY  OTHER ……………………………… | | |
| **Do you consider yourself to have a disability?**  **(mark with an ‘X’ as applicable)** | YES  NO  PREFER NOT TO SAY | **If Yes, please provide any details:** |  |
| **Are you a:**  **(mark with an ‘X’ as applicable)** | UG  PGT  PGR | **Where did you see this post advertised?** |  |
| **What fees do you pay:**  **(mark with an ‘X’ as applicable)** | HOME FEES  EU FEES  INTERNATIONAL FEES | **Which Faculty do you study in?** |  |
| **Do you have any dependants?**  **(mark with an ‘X’ as applicable)** | YES  NO | **Are you an adult carer or a student parent?**  **(mark with an ‘X’ as applicable)** | YES  NO |

**I can confirm that all of the above information is accurate at the time of completion, and I give my consent to you using the information.**

**Signed: Date:**

**This equality form should be completed and submitted separately from your application to** [**peopleteam@warwicksu.com**](mailto:peopleteam@warwicksu.com) **or by post to Warwick Students’ Union, Gibbet Hill Road, Coventry, CV4 7AL.**