# British School at Rome 2022–3

# Monitoring form

As part of the British School at Rome’s commitment to equal opportunities, diversity and inclusion, we wish to build an accurate picture of those applying for a residency or award at the BSR. Although it is voluntary, we should be grateful if you would complete and return this form. Any information that you give will remain confidential. The form will be detached from your application, will not form any part of the selection process, and will be used only for the purposes of monitoring.

Please do not sign the form or give your name.

**Thank you for your cooperation.**

**Award(s) applied for: ……………………………………………………………………………**

*To record your answers below, please replace the box with an ‘X’ and/or write in your response in the space provided.*

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own term, please specify here …………………………….

**Age** 20–24 25–29  30–34  35–39 40–44  45–49  50–54 55–59  60–64  65+  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  Irish 

British  Gypsy or Irish Traveller 

Prefer not to say 

Any other white ethnicity, 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 ethnicity, please write in: ……………………………………

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian ethnicity, please write in: ……………………………………

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

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean ethnicity, please write in: ……………………………………

***Other ethnic group***

Arab  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 the effect or impact of your disability or health condition on your ability to undertake a residency at the BSR? Please write in here: …………………………………………………………………………………………….

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the Registrar before submitting your application.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say 

If you prefer to use your own term, please specify here: ……………………………………

**Are you married or in a civil partnership?** Yes  No  Prefer not to say 

**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 here: ……………………………………

*Please return this form, once completed, to: londonoffice@bsrome.it*