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**14th ARC Research and Impact Fellowship 2025**

**Research Inclusion Form**

The NIHR ARC EoE endeavours to meet the aims and commitments set out in its research inclusion strategy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

To achieve this, we ask questions on the protected characteristics under the Equality Act 2010. We are grateful for your help and co-operation to enable us to do this by completing the questions included in this form. However, providing information on any of the following questions is entirely voluntary. For each question there is a ‘prefer not to say’ response option.

**Any information given, or not given, will have no bearing on the success of your application.**

The information provided will be kept confidential and will be used for monitoring purposes

Completed Research Inclusion Forms must be emailed to Alice Wreford, NIHR ARC EoE ACD Co-ordinator, [a.wreford@uea.ac.uk](mailto:a.wreford@uea.ac.uk), along with the completed Application Form, and your CV, by 12 noon on January 6th 2025.

|  |  |
| --- | --- |
| Applicant overview | |
| Name | **Click or tap here to enter text.** |
| Contact email | **Click or tap here to enter text.** |

|  |
| --- |
| **Age** |
| **What is your year of birth? (If you prefer not to say, please leave blank)** |
| **Click or tap here to enter text.** |

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| --- | --- | --- | --- | --- |
| **Sex and gender** | | | |  |
| **What is your sex? (Select one) *A question about gender identity will follow.*** | | | |  |
| Female | Male | Prefer not to say |  |  |
|  |  |  |  |  |
| **Which of the following best describes your gender? (Select one)** | | | |  |
| Man | Non-binary | Woman | Prefer to self-describe | Prefer not to say |
|  |  |  | **Click or tap here to enter text.** |  |

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| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | |  |
| **What is your ethnic group? (Select one)** | | | | | |
| White | English/Welsh/ Scottish/ Northern Irish/British | Irish | Gypsy or Irish Traveller | Roma | Any other White background |
|  |  |  |  |  |
| Mixed/ Multiple Ethnic Groups | White and Black Caribbean | White and Black African | White and Asian | Any other mixed/multiple  ethnic background |  |
|  |  |  |  |  |
| Asian/ Asian British | Indian | Pakistani | Bangladeshi | Chinese | Any other Asian background |
|  |  |  |  |  |
| Black/ African/ Caribbean/ Black British | African | Caribbean | Any other Black/ African/ Caribbean background |  | |
|  |  |  |  |  |
| Other Ethnic Group | Arab | All other ethnic group |  |  |  |
|  | **Click or tap here to enter text.** | |  |  |
| Prefer not to say | Prefer not to say |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| **Religion** | | | |
| **What is your religion? (Select one)** | | | |
| No religion | Christian (including Church of England, catholic, Protestant, and all other Christian denominations) | Buddhist | Hindu |
|  |  |  |  |
| Jewish | Muslim | Sikh | Any other religion  (specify, if you wish) |
|  |  |  | **Click or tap here to enter text.** |
| Prefer not to say |  |  |  |
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| --- | --- | --- | --- |
| Disability | | | |
| **Do you consider yourself to be a disabled person? (Select one)** | | | |
| Yes | No | Prefer not to say |  |
|  |  |  |  |
| **Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (Select one)** | | | |
| Yes | No | Prefer not to say |  |
|  |  |  |  |

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| --- | --- | --- | --- |
| Marriage or civil partnership | | | |
| **Are you currently (Select all that apply)** | | | |
| Cohabiting or living with a partner | Married or in a civil partnership | Separated | Divorced or civil partnership dissolved |
|  |  |  |  |
| Single | Widowed or surviving parent from a civil partnership | Other  (specify, if you wish) | Prefer not to say |
|  |  | **Click or tap here to enter text.** |  |

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| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
| **Which of the following best describes your sexual orientation? (Select one)** | | | |
| Asexual | Bi/bisexual | Gay or lesbian | Straight/ heterosexual |
|  |  |  |  |
| Pansexual | Identify in another way  (specify, if you wish) | Prefer not to say |  |
|  | **Click or tap here to enter text.** |  |  |

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| --- | --- | --- | --- |
| Pregnancy, maternity/ paternity and care responsibilities | | | |
| **In the last 12 months, have you taken any of the following types of leave? (Select all that apply)** | | | |
| Adoption leave | Maternity leave | Paternity leave | Share parental leave |
|  |  |  |  |
| Parental bereavement leave | Other (specify, if you wish) | Prefer not to say |  |
|  | **Click or tap here to enter text.** |  |  |
| **Do you have any caring responsibilities? (If you share care responsibilities equally then please answer as primary carer)** | | | |
| Primary carer of a child  or children (under 18 years) | | Primary carer of a child or children who is  disabled or has a health condition, or illness, or  temporary care needs (under 18 years) | |
|  | |  | |
| Primary carer or assistant for a disabled  adult or adults (18 years and older) | | Primary carer or assistant for an older person or people (65 years and over) | |
|  | |  | |
| Secondary carer (another person  carries out main caring role) | | Prefer not to say | |
|  | |  | |