

## President's Medals 2021 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 it with your President's Medals entry to [presidents.medals@riba.org](mailto:presidents.medals@riba.org).

This form will be separated from your entry 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 purpose of monitoring equal opportunities.

### For which RIBA award category are you submitting an entry?

Bronze Medal

Dissertation Medal

Silver Medal

### What is your date of birth? For example 31/03/1980

24/05/2021

### What is your nationality?

### What is your ethnic group?

Asian or Asian British

Which of the following best describes your Asian or Asian British background?

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Prefer not to say

Black, African, Caribbean, or Black British

Which of the following best describes your Black, African, Caribbean, or Black British background?

Caribbean

African

Any other Black, African or Caribbean background

Prefer not to say

Mixed or Multiple Ethnic Groups

Which of the following best describes your Mixed or Multiple Ethnic Groups background?

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple Ethnic background

Prefer not to say

White

Which of the following best describes your White background?

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Any other White background

Prefer not to say

Other ethnic group

Which of the following best describes your background?

Arab

Any other ethnic background

Prefer not to say

What is your religion?	
No religion <input type="checkbox"/>	
Buddhist <input type="checkbox"/>	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/>	
Hindu <input type="checkbox"/>	
Jewish <input type="checkbox"/>	
Muslim <input type="checkbox"/>	
Sikh <input type="checkbox"/>	
Another religion <input type="checkbox"/>	
Prefer not to say <input type="checkbox"/>	

What is your sex?		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Is the gender you identify with the same as your sex registered at birth?		
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
If you answered 'No' above, what is your gender identity? (optional)		

What is your sexual orientation?				
Bisexual <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Heterosexual / Straight <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
If you answered 'Other' above, what is your sexual orientation? (optional)				

Would you describe yourself as having a physical or mental health condition lasting or expected to last 12 months or more?		
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Are you the first in your family to study at University?			
I don't know <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Thank you for taking the time to complete this form!