

RIBA President's Medals 2026

Equal Opportunities Monitoring Form

RIBA is committed to driving equity and inclusion within architecture. To help us ensure our awards' nomination and selection processes promote fairness, equality, and inclusion, we would be grateful if each nominee completed and returned this form to presidents.medals@riba.org.

All questions are optional. Your responses are confidential, used only for statistical monitoring, and will not be shared with the judging panel. The information provided will be treated in the strictest confidence and in line with the [RIBA Privacy Policy](#).

Your name or email address:¹

1: Personal Details

What is your year of birth? 19 20 Prefer not to say

What is your Nationality? Prefer not to say

What is your Country of Residence? Prefer not to say

2: Language

What is your first or primary language? Prefer not to say

Which languages do you speak fluently? Prefer not to say

3: Socio-Economic Background ²

Were you the first in your immediate family to attend university?

No Yes Prefer not to say

What type of secondary education did you have? ³

Home education

Private/independent school

Religious school

State-funded school

Other:

Prefer not to say

¹ You do not have to provide this information but if you did we would use your name or email only and confidentially to match this form to your entry so that we could perform more comprehensive analyses of equity and diversity in architectural education and practice.

² Your socioeconomic background helps us understand access and opportunity in global architecture education and in our awards.

³ Choose the option that best matches your experience.

Which of the following best describes your current relationship status?

- Single
- Separated
- Divorced / dissolved civil partnership
- Widowed
- Living with a partner
- Married / in a civil/registered partnership/union
- Other:
- Prefer not to say

Do you have regular caring responsibilities? ⁴

- No
- Yes
- Prefer not to say

If yes, please specify

What is your current legal status in the county where you study?

- Citizen
- Settled/Permanent Resident
- Temporary visa
- Refugee / Humanitarian Protection
- Asylum seeker
- Other:
- Prefer not to say

4: Ethnic, Racial, or Cultural Background ⁵

- African or of African heritage
- Asian or of Asian heritage
- Indigenous / First Nations / Aboriginal heritage
- Latin American or of Latin heritage
- Middle Eastern or North African heritage
- Mixed or Multiple heritage
- White / European heritage
- Another identity:
- Prefer not to say

⁴ For example, caring for children, elderly family members, or disabled relatives.

⁵ Please select the group that best describes your background.

5: Religion or Belief

- No religion
- Buddhist
- Christian
- Hindu
- Indigenous or Traditional belief system
- Jewish
- Muslim
- Sikh
- Spiritual but not religious
- Another religion or belief:
- Prefer not to say

6: Gender and Sexual Orientation

How would you describe your gender identity?

- Female / Woman
- Gender diverse / Genderqueer
- Male / Man
- Non-binary
- Another gender identity:
- Prefer not to say

Is your gender identity the same as the sex you were assigned at birth?

- No
- Yes
- Prefer not to say

Which sex were you assigned at birth?

- Female
- Intersex
- Male
- Prefer not to say

What is your sexual orientation?

- Asexual
- Bisexual
- Gay / Lesbian
- Heterosexual / Straight
- Another sexual orientation:
- Prefer not to say

7: Disability, Health, or Access Needs

Do you identify as a person with a disability, long-term health condition, or access need? ⁶

No Yes Prefer not to say

If yes, please indicate which apply (you may select more than one):

Blind or low vision

Cognitive or learning disability

Deaf or hard of hearing

Long-term or chronic illness

Mental health condition

Neurodivergent (e.g., autism, ADHD, dyslexia)

Physical disability or mobility difficulty

Another condition:

Prefer not to say

Did you require any adjustments or accessibility support to participate in the RIBA President's Medals?

No Yes Prefer not to say

If yes, please describe:

⁶ This may include physical, sensory, cognitive, learning, neurological, mental health, chronic illness, or other conditions.