

CONFIDENTIAL

APPLICATION ANNEXURE II: PRO-DIVERSITY MONITORING FORM

The Society of Analytical Psychology pursues a pro-diversity policy and makes no discrimination in relation to admission to the training on the grounds of religion, age, disability, race, ethnic origin, gender, or sexual orientation.

It is helpful to the Society to have, on an anonymous basis, accurate information to support monitoring and promoting this policy. This page is permanently detached from your application form and records only anonymous information. The information you give is in the strictest confidence and will only be used for statistical purposes to monitor the operation of the Society's pro-diversity policy. However, filling in your details and returning this page to the Society is optional. Thank you.

Date of Birth

Gender: Would you describe yourself as:

Or if you prefer to use your own term,
please specify here:

What is your sexual orientation?

Or if you prefer to use your own term,
please specify here:

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

Any other white background, please write in
here:

Mixed/multiple ethnic groups

Any other mixed background, please write in
here:

Asian/Asian British

Any other Asian background, please write in here:

Black/ African/ Caribbean/ Black British

Any other Black/African/Caribbean background, please write in here:

Other ethnic group

Any other ethnic group, please write in here:

What is your religion or belief?

If other religion or belief, please write in here:

Neurodiversity

Is there information you would like us to know about your neurodiverse way of being? Please specify below.

Disability

The Society is committed to creating an environment where barriers are removed for disabled people so they can give their best to succeed. Do you consider yourself to have a disability or health condition? If yes, what is the effect or impact of your disability or health condition? Do you require any adjustments to overcome specific barriers due to your disability or health condition? Do you need support for Dyslexia?

If so, please specify below.