



Equal Opportunity Data Collection

Completion of this form is **voluntary**. We ask for your cooperation as the information you provide will assist the University to measure the effectiveness of its Equal Employment Opportunity strategies and contribute to aggregated statistical data required by government agencies. Your information will be treated with the utmost confidentiality. It will only be released in the form of combined staff statistics and will not be used for any other purpose without your written permission. It will be stored electronically with access restricted to authorized Human Resources staff and will not be made available to any other person or organisation. You may at any time change or delete your personal information.

Whether or not you do complete all the questions, we do need you to return this form to us with your full name so that we have a record that all staff members have been included in the survey.

New Employee Change to Existing Details Office Use:
Employee Number

Name in Full

To complete the following sections, please tick the appropriate box.

Are you an Australian citizen?

1 Yes
 2 No

Are you an Aboriginal person or a Torres Strait Islander*?

* i.e. Someone of Aboriginal or Torres Strait Island descent, who identifies as such and is accepted as such by the community in which he or she lives.

1 Yes, Aboriginal
 2 Yes, Torres Strait Islander
 3 Yes, both Aboriginal and Torres Strait Islander
 4 No

Are you a person with a disability?

You should answer "yes" to this question if you have any one or more of the limitations or restrictions listed below:

- a long term medical condition or ailment
- speech difficulties in your native language
- disfigurement or deformity
- a psychiatric condition
- slowness at learning or understanding
- any other condition resulting in a restriction
- incomplete use of any part of your body
- blackouts, fits or loss of consciousness
- restriction in physical activities or in physical work
- head injury, stroke or any other brain damage
- loss of sight or hearing

1 Yes
 2 No

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If yes, do you require adjustment to be made at work?

You should answer “yes” to this question if your disability would make it necessary to change any of the following:

- the tasks of the job
- the equipment that you use
- your working hours
- the workplace or work area
- how others behave towards you at work

1 Yes

2 No

Are you from a racial ethnic or ethno-religious group which is a minority in Australian society?

You should answer “yes” to this question if you are from a minority because of any of the following:

- your language background or accent
- your ethnic or racial appearance
- your religion or culture
- your country of birth or descent

1 Yes

2 No

What language did you first speak as a child?

0001 English

0002 Other Language

If you currently speak a language other than English at home, please indicate which language

In what country were you born?

0001 Australia

Other. Please indicate country

and year of arrival in Australia

If you are of Aboriginal/Torres Strait Islander descent, from a minority racial, ethnic or ethno-religious group, or have a disability, would you be happy to be contacted by the Equity Officer for purposes of contributing to the development of equal opportunity strategies or participating in networks of staff with similar backgrounds?

1 Yes

2 No

Thank you for providing this information
