 **EQUALITY & DIVERSITY MONITORING FORM**

SBRCC is committed to promoting diversity and inclusion in hiring and service provision. Our aim is for opportunities to be accessible to all. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form.

|  |  |  |
| --- | --- | --- |
| Gender  |  |  |
|  | Male  |  |
|  | Female  |  |
|  | Other  |  |
|  | Prefer not to answer  |  |

|  |  |  |
| --- | --- | --- |
| Do you or have you ever identified as transgender? |  |  |
|  | Yes  |  |
|  | No  |  |
|  | Prefer not to answer  |  |

|  |  |  |
| --- | --- | --- |
| Age  |  |  |
|  | Under 13 |  |
|  | 13-15 |  |
|  | 16-19 |  |
|  | 20-24 |  |
|  | 25-29 |  |
|  | 30-39 |  |
|  | 40-49 |  |
|  | 50-59 |  |
|  | 60-69 |  |
|  | 70+ |  |

|  |  |  |
| --- | --- | --- |
| Which best describes your ethnic group or origin?  |  |  |
| Asian, Asian Scottish or Asian British  |  |  |
|  | Pakistani, Pakistani Scottish or Pakistani British  |  |
|  | Indian, Indian Scottish or Indian British  |  |
|  | Bangladeshi, Bangladeshi Scottish or Bangladeshi British  |  |
|  | Chinese, Chinese Scottish, British Chinese  |  |
|  | Other (please state)  |  |
| African  |  |  |
|  | African, African Scottish or African British  |  |
|  | Other (please state)  |  |
| Caribbean or Black  |  |  |
|  | Caribbean, Caribbean Scottish or Caribbean British  |  |
|  | Black, Black Scottish or Black British  |  |
|  | Other (please state)  |  |
| Other Ethnic Group  |  |  |
|  | Arab, Arab Scottish or Arab British  |  |
|  | Other (please state)  |  |
| Mixed or Multiple Ethnic Groups (please state)  |  |  |
|  |  |  |
| White  |  |  |
|  | Scottish  |  |
|  | English  |  |
|  | Welsh  |  |
|  | British  |  |
|  | Irish  |  |
|  | Northern Irish  |  |
|  | Traveller  |  |
|  | Eastern European  |  |
|  | Other (please state)  |  |
|  |  |  |
|  | Prefer not to answer |  |

|  |  |  |
| --- | --- | --- |
| Do you have a religion/belief/faith?  |  |  |
|  | Yes  |  |
|  | No  |  |
|  | If Yes, please state: |  |
|  | Prefer not to answer  |  |

|  |  |  |
| --- | --- | --- |
| Sexual Orientation  |  |  |
|  | Heterosexual/straight  |  |
|  | Gay  |  |
|  | Lesbian  |  |
|  | Bisexual  |  |
|  | Other (please state) |  |
|  | Prefer not to answer  |  |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability  |  |  |
|  | Yes |  |
|  | No  |  |
|  | Prefer not to answer  |  |

Thank you for taking the time to complete this monitoring form. The information contained will be stored in a secure way that is fully compliant with our responsibilities under the Data Protection Act.