The Spark wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in an envelope marked ‘Strictly Confidential’ to Shona MacDonald, HR Practitioner, The Spark, 1st Floor, 72, Waterloo Street, Glasgow G2 7DA.

**THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.**

|  |  |
| --- | --- |
| Position applied for |  |

In each section listed below, please choose one option by marking ‘X’ in the appropriate box.

**Age**

|  |  |  |  |
| --- | --- | --- | --- |
| 16-24 |  | 25-29 |  |
| 30-34 |  | 35-39 |  |
| 40-44 |  | 45-49 |  |
| 50-54 |  | 55-59 |  |
| 60-64 |  | 65+ |  |
| Prefer not to say | | |  |

**Disability**

|  |  |  |  |
| --- | --- | --- | --- |
| The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities. The information in this form is for monitoring purposes only. If you believe that you need a ‘reasonable adjustment’, then please discuss this with your line manager or, for job applicants, the person handling the recruitment process.  Do you consider that you have a disability? | | | |
| Yes |  | No |  |
| If yes, what is the effect or impact of your disability or health condition on your ability to give your best at work? Please detail. | | | |
| Prefer not to say | | |  |

**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. | | | |
| **Asian/Asian British** | | | |
| Bangladeshi |  | Chinese |  |
| Indian |  | Pakistani |  |
| Other Asian background, please specify |  | Prefer not to say |  |
| **Black/African/Caribbean/Black British** | | | |
| African |  | Caribbean |  |
| Other Black/African/Caribbean background, please specify |  | Prefer not to say |  |
| **Mixed/Multiple Ethnic Groups** | | | |
| White and Asian |  | White and Black Caribbean |  |
| White and Black African |  | Any other mixed background, please specify |  |
| Prefer not to say | | |  |
| **Other Ethnic Group** | | | |
| Arab |  | Any other ethnic group , please specify |  |
| Prefer not to say | | |  |
| **White** | | | |
| British |  | English |  |
| Gypsy or Irish Traveller |  | Irish |  |
| Northern Irish |  | Scottish |  |
| Welsh |  | Any other white background, please specify |  |
| Prefer not to say | | |  |

**What gender do you identify as?**

|  |  |  |  |
| --- | --- | --- | --- |
| Intersex |  | Man |  |
| Non-binary |  | Woman |  |
| If you prefer to use your own term, please specify |  | Prefer not to say |  |

**Are you married or in a civil partnership?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Prefer not to say | | |  |

**What is your religion or belief?**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim |  | No religion or belief |  |
| Sikh |  | If other religion or belief, please specify |  |
| Prefer not to say | | |  |

**What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Gay |  |
| Heterosexual |  | Lesbian |  |
| If you prefer to use your own term, please specify |  | Prefer not to say |  |

**What is your current working pattern?**

|  |  |  |  |
| --- | --- | --- | --- |
| Full time |  | Part time |  |
| Prefer not to say | | |  |

**What is your flexible working arrangement?**

|  |  |  |  |
| --- | --- | --- | --- |
| Annualised hours |  | Compressed hours |  |
| Flexible shifts |  | Flexi-time |  |
| Home working |  | Job share |  |
| None |  | Staggered hours |  |
| Term time hours |  | If other, please specify |  |
| Prefer not to say | | |  |

**Do you have any caring responsibilities? If yes, please tick all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Primary carer of child/children (under 18) |  |
| Primary carer of disabled child/children |  | Primary carer of disabled adult (18 and over) |  |
| Primary carer of older person |  | Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say | | |  |

|  |  |
| --- | --- |
| **Date:** |  |

**PLEASE DO NOT SIGN THIS FORM**