

|  |  |
| --- | --- |
| **Diversity Monitoring Form** | |
| **Role Title** | **Service Manager (Edinburgh)** |
| Closing Date | **9am, Tuesday 1st June 2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| LGBT Health and Wellbeing is committed to the ongoing successful development of its equality and diversity policy in relation to the recruitment and selection of staff and volunteers. To assist us in the implementation and monitoring of this procedure, we would encourage you to complete this monitoring form. **This document will be separated from your application form. The information you provide will be treated in the strictest confidence and will only be seen by our Finance & HR Worker.**  Please return this form in a separate sealed envelope marked ‘Diversity Monitoring Form - Staff’; do not write your name on this envelope. If you are applying by email, please do not send this form electronically, instead please return it in a separate envelope together with your signed application to:  **Louise Lewis Finance & HR Worker LGBT Health and Wellbeing**  **4 Duncan Place**  **Edinburgh, EH6 8HW** | | | |
| **Please tell us how you found out about this post**:   * LGBT Health e-bulletin * LGBT website * Goodmoves * Facebook / Twitter * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Gender**   * Male * Female * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Do you or have you ever identified as transgender?**   * Yes * No | | | |
| **How do you describe your sexual orientation:** | | | |
| * Lesbian * Queer | | * Gay * Questioning | * Bisexual * Heterosexual |
| * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **How would you describe your ethnic identity?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **How do you describe your religious belief / faith:** | | | |
| * Buddhist * Jewish | | * Christian * Muslim | * Hindu * Sikh |
| * No religion | | * Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Do you consider yourself to be disabled?** | | | |
| * No | * Yes (Please elaborate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Your age (in years)**: \_\_\_\_\_\_\_\_\_ | | | |
| Many thanks for your co-operation in providing this information. | | | |