

Equality & Diversity Recruitment Monitoring Form

#### Guidelines for the completion of this form

To ensure the effectiveness of our Equality, Diversity & Inclusion Policies we would like you to fill in this form. The information you provide will remain strictly confidentialand subject to data protection. It will not be used for any other purpose other than those stated above**.** On receipt; this form will be separated from your application and referred to only for monitoring purposes.

For our monitoring to be effective, we hope to have a maximum of responses, and appreciate your help in achieving this goal. Your application will not be affected in any way if you do not wish to answer any question(s).

If you have difficulties with using Tick Boxes, please mark your answers with an X.

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| **Post Applied for: Suicide Bereavement Practitioner, Highlands** |

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| **GENDER:** Which one of the following best describes your gender? |
| [ ]  Male | [ ]  Prefer to self-describe: ……… |
| [ ]  Female | [ ]  Prefer not to say |

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| **GENDER IDENTITY:** Is your gender identity the same as the sex you were assigned at birth?[ ]  Yes [ ]  No [ ]  Prefer not to say |

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| **SEXUAL ORIENTATION** Which of the following best describes your sexual orientation? |
| [ ]  Heterosexual | [ ]  Homosexual | [ ]  Bisexual |
| [ ]  Prefer to self-describe: ……  | [ ]  Prefer not to say |

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| **AGE**[ ]  16-19[ ]  20-29[ ]  30-39[ ]  40-49[ ]  50-59[ ]  60+[ ]  Prefer not to say |

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| **ETHNIC ORIGIN:** Please tick the box for the group to which you perceive you belong: |
| **White**[ ]  British (Mixed)[ ]  English[ ]  Irish[ ]  Scottish[ ]  Welsh[ ]  Other White (Please specify): ………………….**Black/Black British**[ ]  African[ ]  Caribbean[ ]  Other Black (Please specify):………………… | **Asian/Asian British**[ ]  Bangladeshi[ ]  Chinese[ ]  Indian[ ]  Pakistani[ ]  Other Asian (Please specify) ………………….**Other ethnic group**[ ]  Arab[ ]  Gypsy or Irish traveller[ ]  Any other ethnic group: (Please specify): ……………… | **Mixed**[ ]  White and Asian[ ]  White and Black[ ]  White and Chinese[ ]  Other Mixed (Please specify) ………………….[ ]  **Prefer not to say** |

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| **RELIGION OR BELIEF**

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| --- | --- |
| [ ]  Buddhist | [ ]  Sikh |
| [ ]  Christian  | [ ]  Non-religious |
| [ ]  Hindu | [ ]  Other (please state) ……………… |
| [ ]  Jewish | [ ]  I prefer not to answer this question |
| [ ]  Muslim |  |

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| **DISABILITY:** Do you consider yourself to haveA physical disability? [ ]  YES [ ]  NO [ ]  Prefer not to sayA mental disability? [ ]  YES [ ]  NO [ ]  Prefer not to sayA learning difficulty? [ ]  YES [ ]  NO [ ]  Prefer not to sayA mental illness? [ ]  YES [ ]  NO [ ]  Prefer not to sayA work-limiting health conditions? [ ]  YES [ ]  NO [ ]  Prefer not to say |

**CARING RESPONSIBILITIES:** Do you have any caring responsibilities? (Please tick all that apply)

[ ]  None

[ ]  Primary carer of a child or children (under 18 years)

[ ]  Primary carer of a disabled child or children

[ ]  Primary carer or assistant for a disabled adult (18 years and over)

[ ]  Primary carer or assistant for an older person or people (65 years and over)

[ ]  Secondary carer (another person carries out main caring role)

[ ]  Prefer not to say

**I AM** (Please tick as applicable)

[ ]  In education

[ ]  Employed

[ ]  Unemployed

[ ]  A carer

[ ]  A single parent

[ ]  Living with a physical illness

[ ]  Living with a mental illness

[ ]  Living with addiction

[ ]  Homeless

[ ]  Living in a rural area

[ ]  Any other disserved category; Please specify: …………

[ ]  I prefer not to

**Where did you see this post advertised?**

……………..

**Do you have any comments on our monitoring form?**

………………

**Please email this form alongside your application form to** admin@supportinmindscotland.org.uk

***Thank you for your time! Your cooperation in completing this form is greatly appreciated!***