**SKILLS EXCHANGE SCIO**



# MONITORING INFORMATION

Skills Exchange SCIO 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.

The information you provide will stay confidential, and be stored securely and limited to only senior staff.

Please email the completed form with your application to Diane Ashwood - **diane@skillscio.org**

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| **Ethnic Origin** |  |  |  |  |  |  |  |  |  |  |
| Scottish | ☐ | Other White | | ☐ | Bangladeshi- All | | ☐ | Black - All | | ☐ |
| English | ☐ | Gypsy / Traveller | | ☐ | Chinese - All | | ☐ | Any Background | | ☐ |
| Welsh | ☐ | Polish | | ☐ | Other Asian | | ☐ | Arab | | ☐ |
| Irish | ☐ | Any Mixed | | ☐ | Caribbean - All | | ☐ |  |  |  |
| Northern  Irish | ☐ | Indian - All | | ☐ | African - All | | ☐ |
| British | ☐ | Pakistani - All | | ☐ | Other Black | | ☐ |

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| **Place of Birth** |  |  |  |  |  |  |
| Scotland | ☐ | England | ☐ | Northern Ireland | | ☐ |
| Wales | ☐ | **Other** (please specify) | ☐ |  |  |  |

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| **Gender** | | | | | |
| Man | ☐ | Woman | ☐ | Non-binary | ☐ |
| Prefer not to say | ☐ | Other *(please specify)* | | | ☐ |

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| **Is your gender identity different from the gender you were originally assigned at birth?** |
| Yes ☐ No ☐ Prefer not to answer ☐ |

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| **How would you describe your sexual orientation?** | | | | | |
| Straight/Heterosexual | ☐ | Gay Woman/Lesbian | ☐ | Prefer not to answer | ☐ |
| Gay Man/Homosexual | ☐ | Bisexual | ☐ | Other *(please specify in the box below)* | ☐ |

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| **How would you describe your religion or belief?** | | | | | |
| None | ☐ | Other Christian | ☐ | Muslim | ☐ |
| Christian/Protestant | ☐ | Buddhist | ☐ | Sikh | ☐ |
| Christian/Roman Catholic | ☐ | Jewish | ☐ | Hindu | ☐ |
| Prefer not to answer | ☐ | Another religion *(please specify)* |  | | ☐ |

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| **Care Experience** | | | |
| **Do you have any caring responsibilities? Yes** ☐ **No** ☐ | | | |
| If **YES**, please tick the appropriate check box below: | | | |
| Primary Carer of Child/Children (Under 18) | ☐ | Primary Carer of Disabled Child/Children (Under 18) | ☐ |
| Primary Carer of a Young Adult (Over 18) | ☐ | Primary Carer of a Disabled Adult (Over 18) | ☐ |
| Primary Carer of an Older Person | ☐ | Secondary Carer *(another person carries out the main caring role)* | ☐ |
| Other *(Please specify)* | ☐ | Prefer not to say | ☐ |

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| **Disabilities and Health Conditions** |  |
| **Do you consider yourself to have a disability or health condition?**  Yes ☐ No ☐ Prefer not to say ☐ | |
| If **YES,** please specify below: | |
| What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify below: | |

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| **The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the manager dealing with the recruitment process.** |