

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: Practitioner (Suicide Bereavement Support), Homebase in the 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** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RELIGION OR BELIEF**   |  |  | | --- | --- | | 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 have  A physical disability?  YES  NO  Prefer not to say  A mental disability?  YES  NO  Prefer not to say  A learning difficulty?  YES  NO  Prefer not to say  A mental illness?  YES  NO  Prefer not to say  A 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](mailto:admin@supportinmindscotland.org.uk)

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