**Equality and Diversity Monitoring Form**

**Monitoring Information**

We want to make sure that we have equality and diversity in practice.

We only use this information for anonymised collation of information.

We separate this form from any other personal information and the form itself does not contain any information that would identify you personally. Please complete and save the form and email with your application as an attachment. Completion of this form is voluntary and does not affect your application.

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| **Which of the following best describes your gender?** |

**Male  Female  Another term  Prefer not to say**

If you describe your gender with another term, please provide this below:

Click here to enter text.

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| **Do you consider yourself to be a trans person?** |

Trans is an umbrella term to describe people whose gender is not the

same as the sex they were assigned at birth.

**Yes  No  Prefer not to say**

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| **What is your age?** |

I am Click here to enter text. years old.

My date of birth is: Click here to enter text.

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| **Do you have a physical or mental health condition or disability?** |

**Yes  No  Prefer not to say**

If you answered **‘Yes,’** please tick if this is any of the following:

**Learning disability**  **Physical impairment**

**Long standing illness  Sensory impairment**

**Mental health  Other**

If **“Other”** please explain:Click here to enter text.

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| **What is your nationality?** |

a) Nationality at birth:Click here to enter text.

b) Present nationality:Click here to enter text.

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| **What is your ethnic group?** |

Choose **one** section from A to F then **click** the appropriate box to indicate

your **cultural background.**

**A: White**

ScottishIrish Other British Other White background

**B: Mixed**

Any mixed background

**C: Asian: Asian Scottish; Asian British**

Pakistani  Indian  Chinese

Bangladeshi  Any other Asian background

**D: Black; Black Scottish; Black British**

Caribbean  African  Other Black background

**E: Other ethnic background**

Any other background

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| **To which religion, religious denomination or body do you belong?** |

Christianity (Church of Scotland)  Christianity (Roman Catholic)

Christianity (Other)  Hinduism  Sikhism  Buddhism

Judaism  Islam  Other Faith/Belief  Prefer not to answer

No religion

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| **Which of the following best describes your sexual orientation?** |

Heterosexual/Straight  Bisexual  Gay/Lesbian

Prefer not to say  Another term: Click here to enter text.

**For hub use only**

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