**Equal Opportunities Monitoring Form**

Inspiring Scotland is committed to ensuring equality of opportunity in its recruitment and employment practices. To help us identify possible inequalities and barriers to employment we would appreciate your co-operation by completing this form.

The information you provide will be used to monitor the recruitment and selection process only. It will remain strictly confidential and will not be used for any other purposes. It will not be made available to the selection panel.

**Media**

So that we can monitor the effectiveness of our recruitment advertising, please tell us where you learned of this vacancy: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Ethnic Origin**

Please look at all the descriptions of race or ethnic origin listed below. When you have read them all, please tick one box that most accurately describes your race or ethnic origin. These categories are in line with those recommended by the Commission for Racial Equality for Scotland.

|  |  |
| --- | --- |
| A) **WHITE**  Scottish  Other British  Irish  Any other white background (please state)  ……………………………………… | B) **ASIAN, ASIAN SCOTTISH or ASIAN**  **BRITISH**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background (please state)  ……………………………………………….. |
| C) **BLACK, BLACK SCOTTISH or BLACK BRITISH**  Caribbean  African  Any other Black background (please state)  ……………………………………… | D) **MIXED**  Asian and White  Black African and White  Black Caribbean and White  Any other mixed background (please state below)  ………………………………………… |
| E) **OTHER**  Any other ethnic background (please state)  ………………………………………… | F) **NO ANSWER**  I prefer not to answer this question  Not Known |

**Gender**

|  |  |
| --- | --- |
| Male  Female  Transgender  Intersex  Non-binary  I prefer not to answer this question | If you prefer to use your own term, please specify here  ………………………………………………………… |

**Disability**

The Equality Act 2010 states that a person has a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. A 'substantial disadvantage' is a disadvantage which is more than minor or trivial. 'Long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring conditions). Further guidance in relation to the meaning of disability is accessible on the Equality and Human Rights Commission website.

From this description, do you consider yourself to be a disabled person?

Yes  No   I prefer not to answer this question

If yes, please advise what your condition is:

In terms of the Act we will take steps to make reasonable adjustments to avoid those who have a disability from suffering a disadvantage.

**Age**

|  |  |  |
| --- | --- | --- |
| 20 years or younger | 31 – 40 | 51 – 60 |
| 21 – 30 | 41 – 50 | 61 years or over |

I prefer not to answer this question

**Sexual Orientation**

Heterosexual  Gay  Lesbian  Bisexual

If you prefer to use your own term, please specify here ………………….………………

I prefer not to answer this question

**Religion or Belief**

|  |
| --- |
| No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  Other (please state) |

**Caring Responsibilities**

Do you have caring responsibilities? Please tick all that apply

|  |
| --- |
| none  Primary carer of child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult  Primary carer of older person  Secondary carer (another person carries out the main caring role)  Prefer not to say  Other (please state) |

**Thank you for taking the time to complete this form.**