**Fife Rape & Sexual Assault Centre (FRASAC)**

**EQUALITY & DIVERSITY MONITORING FORM**

Fife Rape & Sexual Assault Centre (FRASAC) is dedicated to encouraging a supportive and inclusive culture amongst our women centred workforce. It is within our best interest to promote diversity and eliminate discrimination throughout our working environment and culture.

We wish to reinforce our commitment to providing equality and fairness to all in our employment. All employees, no matter whether they are part-time, full-time, or temporary, will be treated fairly. All employees will be given help and encouragement to develop their full potential and utilise their unique talents. Therefore, the skills and resources of our organisation will be fully utilised and we will maximise the creativity and efficiency of our whole workforce.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, this will help inform our inclusion and diversity practices across the whole organisation**.**

**This form is intended to help us to reflect and maintain equal opportunities best practice so as to identify barriers to workforce equality and diversity. All Information provided is confidential and processed separately from applications with restricted access only by senior or an appointed staff member.**

|  |  |  |
| --- | --- | --- |
| 1. Age | Range | Tick box |
|  | Under 13 |  |
|  | 13-15 |  |
|  | 16-19 |  |
|  | 20-24 |  |
|  | 25-29 |  |
|  | 30-39 |  |
|  | 40-49 |  |
|  | 50-59 |  |
|  | 60-69 |  |
|  | 70+ |  |
|  | Prefer not to answer |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you or have you ever identified as transgender? |  | Tick box |
|  | Yes |  |
|  | No |  |
|  | Prefer not to answer |  |

|  |  |  |
| --- | --- | --- |
| 1. Which best describes your sexual orientation: |  | Tick box |
|  | Heterosexual/straight |  |
|  | Gay man |  |
|  | Gay woman / Lesbian |  |
|  | Bisexual |  |
|  | Other (please state) |  |
|  | Prefer not to answer |  |
| 1. Which best describes your ethnic group or origin? | **Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box** | **Tick box** |
| Asian, Asian Scottish or Asian British |  |  |
|  | Pakistani, Pakistani Scottish or Pakistani British |  |
|  | Indian, Indian Scottish or Indian British |  |
|  | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |
|  | Chinese, Chinese Scottish, British Chinese |  |
|  | Other (please state) |  |
| African |  |  |
|  | African, African Scottish or African British |  |
|  | Other (please state) |  |
| Caribbean or Black |  |  |
|  | Caribbean, Caribbean Scottish or Caribbean British |  |
|  | Black, Black Scottish or Black British |  |
|  | Other (please state) |  |
| Other Ethnic Group |  |  |
|  | Arab, Arab Scottish or Arab British |  |
|  | Other (please state) |  |
| Mixed or Multiple Ethnic Groups (please state) |  |  |
|  |  |  |
| White |  |  |
|  | Scottish |  |
|  | English |  |
|  | Welsh |  |
|  | British |  |
|  | Irish |  |
|  | Northern Irish |  |
|  | Traveller |  |
|  | Eastern European |  |
|  | Other (please state) |  |
|  |  |  |
|  | Prefer not to answer |  |
| 1. What religion, faith group or religious body do you belong to? | **Please tick box which best describes the group you belong to:** | **Tick box** |
|  | No Religious group |  |
|  | Church of Scotland |  |
|  | Roman Catholic |  |
|  | Other Christian group |  |
|  | Muslim |  |
|  | Buddhist |  |
|  | Sikh |  |
|  | Jewish |  |
|  | Hindu |  |
|  | Pagan |  |
|  | Other, please state |  |
|  | Prefer not to answer |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you have caring responsibilities? | If yes, please tick all that apply | Tick box |
|  | None |  |
|  | Primary carer of a child/children (under 18) |  |
|  | Primary carer of disabled child/children |  |
|  | Primary carer of disabled adult (18 and over) |  |
|  | Primary carer of older person/people (65 and over) |  |
|  | Secondary carer (another person carries out the main caring role) |  |
|  | Secondary carer (another person carries out the main caring role) |  |
|  | Prefer not to answer |  |
| 1. Do you consider yourself to have a disability | **Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long term effect on a person’s ability to carry out day-to-day tasks.**  ***An effect is long-term if it has lasted, or is likely to last, more than 12 months.*** |  |
|  | Yes |  |
|  | No |  |
|  | Prefer not to answer |  |

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

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**Thank you for taking the time to complete this questionnaire. This will help inform and reinforce our equality practices and commitment to a more inclusive organisation. All information will be securely processed and is fully compliant with our responsibilities under the General Data Protection Regulation (GDPR).**