**Equal Opportunities Monitoring Form – HSEU Policy and Information Officer**

CCPS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect. We therefore welcome applications from all sections of the community and wish to build an accurate picture of the make-up of our job applicants. We need your help and co-operation to enable us to do this but filling in this form is entirely voluntary.

The information collected will only be used for monitoring purposes in an anonymised format and will help us to analyse the profile and make up of applicants.

Please send the completed form to [Caroline.Scott@ccpscotland.org](mailto:Caroline.Scott@ccpscotland.org)

**What is your gender?**

Man 🗆 Woman 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here:

**Are you married or in a civil partnership?**

Yes 🗆 No 🗆 Prefer not to say 🗆

**What is your age?**

16-29🗆 30-39 🗆 40-49 🗆 50-59 65+🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆 British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆 Any other white background, please specify here:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please specify here:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please specify here:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆 Any other Black/African/Caribbean background, please specify here:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please specify here:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here:

If you believe you need a ‘reasonable adjustment’, we will discuss this with you.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here:

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆 Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please specify here:

**Do you have caring responsibilities?**

**If yes, please tick all that apply**

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 🗆

Secondary carer (another person carries out the main caring role) 🗆 Prefer not to say 🗆

Thank you