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| **EQUALITY MONITORING FORM** |

St. Vincent’s Hospice wishes to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to measure the applications we receive. This form will ask you to provide personal details which ensure we comply with the Equal Opportunities Act 2010 and to sign a declaration. The information you provide is confidential and will not be used in the selection process.

1. Gender identity:

Female [ ]  Male [ ]  Transgender [ ]

Non-binary [ ]  Prefer not to say [ ]

1. What is your date of birth: Click or tap here to enter text.
2. Do you have a physical or mental health condition or disability that has a substantial effect on your ability to carry out day to day activities and has lasted, or expected to last, 12 months or more?

No [ ]  Yes [ ]

If Yes, please describe here the nature of the disability, any special arrangements for interview (e.g. Induction Loop, Wheelchair Access, Signer), or work station if successful.

Click or tap here to enter text.

1. What is your ethnic group?

Choose one section from A to F, then tick the appropriate box to indicate your cultural background

1. WHITE:

Scottish [ ]  Northern Irish [ ]  English [ ]

 Irish [ ]  Other white ethnic group [ ]

B) MIXED OR MULTIPLE ETHIC GROUPS [ ]

C) ASIAN; ASIAN SCOTTISH; ASIAN ENGLISH; ASIAN BRITISH:

 Pakistani [ ]  Indian [ ]  Chinese [ ]

 Bangladeshi [ ]  Other Asian background [ ]

D) BLACK; BLACK SCOTTISH; BLACK BRITISH

 Caribbean [ ]  African [ ]

 Other Black background [ ]

E) Other ethnic background: Arab [ ]  Other [ ]

F) Prefer not to answer [ ]

1. What is your religion?

None [ ]

Buddhism [ ]  Christianity – Church of Scotland [ ]  Hinduism [ ]

Judaism [ ]  Islam [ ]  Christianity – Roman Catholic [ ]

Christianity (other) [ ]  Sikhism [ ]  Other faith / belief [ ]

Prefer not to answer [ ]

1. What is your sexual orientation?

Bi-sexual [ ]  Lesbian [ ]  Heterosexual (straight) [ ]

Gay [ ]  Other [ ]  Prefer not to answer [ ]

Click or tap here to enter text.

**Declaration:**

I declare that to the best of my knowledge the information contained in this form is accurate and I consent to details being retained confidentially and used for specific and lawful purposes as specified in the Data Protection Act 2018. In particular all reasonable steps will be taken to ensure data is processed fairly, kept secure, protected against loss or damage & only disclosed (unless required by law or legal process) on the need to know basis. Under the Act you are entitled to ask us in writing to provide copies of certain data we hold.

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| Name: |  |
| Signature: |  |
| Date: |  |