****CAPS Independent Advocacy

**Individual Advocacy Worker (maternity cover)**

**Recruitment Equalities Monitoring Form**

To help us evaluate our recruitment methods we would be grateful if you would complete this Equalities Monitoring Form.

It helps us to monitor diversity and find out if people with protected characteristics under the Equality Act 2010 are interested in working with us.

Completion of the form or any part of it is **voluntary** and the information will be treated as strictly confidential and used in an anonymous way for statistical monitoring purposes only.

Please do not write your name or anything else that could identify you on the form. Please return this form with your application - it will be separated from your application form by someone who is not involved in the selection process.

**Date**:

**How did you hear about the vacancy for the post?**

|  |  |
| --- | --- |
| **Your age**: |       years |

|  |  |
| --- | --- |
| **Please state whether you consider yourself to have a disability**: |  Yes [ ]  No [ ] *please mark as appropriate* |
| If yes, please tell us about it, for example mental health issue, physical disability, visual disability, hearing disability.       |

|  |
| --- |
| **Do you identify with the gender you were assigned at birth?** Yes [ ]  No [ ]  *please mark as appropriate* |

|  |
| --- |
| **Are you…** *please mark as appropriate* |
|  divorced or separated [ ]  | married or in a civil partnership [ ]  |
|  single [ ]  | widowed or surviving partner [ ]  |

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| --- |
| **Are you pregnant, or have you had a baby in the last 12 months?** Yes [ ]  No [ ]  *please mark as appropriate* |

|  |
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| **What is your religion or belief?** *please mark as appropriate* |
|  Buddhist [ ]  |  Christian [ ]  |
|  Hindu [ ]  |  Jewish [ ]  |
|  Muslim [ ]  |  Sikh [ ]  |
|  None [ ]  |  Other [ ]   |
|  please specify       |

|  |
| --- |
| **Are you…** *please mark as appropriate* |
|  female [ ]  |  male [ ]  |

|  |
| --- |
| **How do you describe your sexual orientation?** *please mark as appropriate* |
|  Bisexual [ ]  |  Gay man [ ]  |
|  Gay woman / lesbian [ ]  |  Heterosexual / straight [ ]  |
|  Other [ ]   |
|  please specify       |

|  |
| --- |
| **What is your ethnic group?**Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group. |
|  |  |
| A | White |
|  | [ ]  | Gypsy or Traveller |
|  | [ ]  | Irish |
|  | [ ]  | Other British |
|  | [ ]  | Scottish |
|  | [ ]  | Any other White background, please specify       |
|  |  |  |
| B | Mixed or multiple ethnic groups |
|   | [ ]  | Any Mixed background, please specify       |
|  |  |  |
| C | Asian, Asian Scottish, or Asian British |
|  | [ ]  | Bangladeshi |
|  | [ ]  | Chinese |
|  | [ ]  | Indian  |
|  | [ ]  | Pakistani  |
|  | [ ]  | Any other Asian background, please specify       |
|  |  |  |
| D | Black, Black Scottish, or Black British |
|  | [ ]  | African |
|  | [ ]  | Caribbean |
|  | [ ]  | Any other Black background, please specify       |
|  |  |  |
| E | Other ethnic background |
|  | [ ]  | Any other background, please specify       |

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