

## EQUALITY AND DIVERSITY MONITORING FORM



Cruse Bereavement Care Scotland strives to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, however filling in this form is voluntary.

Please return the completed form by email to [info@crusescotland.org.uk](mailto:info@crusescotland.org.uk)

Or by post in an envelope marked 'Strictly Confidential' to:

Cruse Bereavement Care Scotland HQ, 29 Barossa Place, Perth, PH1 5HH

**Gender** Man  Woman  Intersex  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

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54   
55-59  60-64  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 click 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:

#### 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, specify here:

#### Other ethnic group

Arab  Prefer not to say

Any other ethnic group, 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 write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

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**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  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  Sikh   
Muslim  Prefer not to say

If other religion or belief, please write in:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

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**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours   
Annualised hours  Job-share  Flexible shifts  Compressed hours   
Homeworking  Prefer not to say

If other, please specify:

**Do you have caring responsibilities? If yes, please click all that apply**

None   
Primary carer of child/children (under 18)   
Primary carer of disabled child/children   
Primary carer of disabled adult (over 18)   
Primary carer of older person   
Secondary carer (another person carries out the main caring role)   
Prefer not to say

**Thank you for completing and returning this form**