**Equal Opportunities Monitoring Form - Transform Forth Valley**

Strictly Private & Confidential

We want to ensure that Transform Forth Valley job opportunities are open to all members of the community. The only way we can ensure that there is equal opportunity is to monitor the applications we receive. Transform Forth Valley can then compare the profile of people who apply for our vacancies with those of which whom we actually appointed. Therefore, this form asks applicants about ethnic origin, gender, disability, religion, sexuality, and age.

The information you provide in this part of the form is strictly confidential and is not used in the selection process.

Please complete all details below:

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| **PERSONAL DETAILS** |
| **NAME** |  |
| **DATE OF BIRTH** |  |

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| **GENDER** |
| I would describe my gender as:Male [ ]  Female [ ]  Other *(please specify below)* [ ]  |

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| **ETHNICITY**Choose one section from A to F, then tick the appropriate box to indicate your cultural background |
| I would describe my ethnicity as:**A: White** Scottish [ ]  Irish [ ]  Other British [ ]  Any other White Background [ ] **B: Mixed** Any mixed background [ ]  **C: Asian, Asian Scottish, Asian British**  Pakistani [ ]  Indian [ ]  Chinese [ ]  Bangladeshi [ ]  Any other Asian Background [ ] **D: Black, Black Scottish, Black British**  Caribbean [ ]  African [ ]  Any other Black Background [ ] **E: Other Ethnic Background**  Any other Background [ ] **F: Prefer not to answer** [ ]  |

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| **RELIGION, RELIGIOUS DENOMINATION OR BODY** |
| Please indicate your Religion, Religious Denomination or Body:Atheism [ ]  Buddhism [ ]  Christianity (Church of Scotland) [ ]  Christianity (Roman Catholic) [ ]  Christianity (Other) [ ]  Hinduism [ ]  Islam [ ]  Judaism [ ]  No Religion [ ] Other Faith / Belief [ ]  Sikhism [ ]  Prefer not to answer [ ]   |

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| **SEXUAL ORIENTATION** |
| Which of the following best describes your sexual orientation?Bisexual [ ]  Gay Man [ ]  Heterosexual (straight) [ ]  Lesbian / Gay Woman [ ]  Other [ ]  Prefer not to answer [ ]    |

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| **DISABILITIES** |
| Do you consider yourself to have a disability?Yes [ ]  No [ ]    |
| Please state the type of impairment which plies to you. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories applies, please mark ‘other’. Physical Impairment [ ]  Learning Disability / Difficulty [ ]  Sensory Impairment [ ]  Long-standing Illness [ ]  Mental Health Condition [ ]  Other *(please specify below)* [ ]  |