**EQUAL OPPORTUNITIES MONITORING FORM
(Completion of this form is voluntary and the contents will remain anonymous)**

**Angus Independent Advocacy** is committed to equal opportunities in employment, regardless of: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race (including colour, nationality ethnic or national origins and citizenship), religion/belief, sex and sexual orientation.

**If you wish** to assist us in achieving a diverse workforce, and advertising our vacancies appropriately, please complete the following questionnaire.

If you do not wish to complete the form, this will have no bearing on any selection decisions.

All information will be treated in the strictest confidence, processed anonymously and separately from any application form you submit. The information will not be provided to or shared with the shortlisting or interview panel.

**Gender:** Female Male Non Binary Prefer not to say

**Disability: Do you consider yourself to have a disability/additional needs?**  Yes No

**Ethnic Origin: Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.**

**A White B Mixed C Asian or Asian D Black or Black**

 **Scottish/British Scottish/British**

 English Any mixed Indian Caribbean

 Scottish background Pakistani African

 Welsh Bangladeshi Other black

 Irish Chinese

 Polish Other Asian

 Gypsy Traveller

 Other white

**E Other ethnic group**  Prefer not to say Arab, Arab Scottish/British

Any other ethnic group (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion:** I would describe my religious background/belief as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 None I prefer not to say

**Sexual Orientation:**

 Bi-sexual Gay/Lesbian Heterosexual/Straight Pansexual Prefer not to say

**Age:** **Please indicate your age group.**

 16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 & over

**Where did you see this post advertised?**

 Goodmoves AIA Website VAA Bulletin Social Media

 Word of mouth Internal Notice Other

 If other please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_