Shared Care Scotland wants 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.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process. **All information supplied will be treated in the strictest confidence.**

If you have any questions about the form, contact Don Williamson at Shared Care Scotland.

Please complete this form and return it with your application.

Thank you for your assistance.

1. About the vacancy

Please state which job you have applied for.

|  |  |
| --- | --- |
| Job applied for: |       |

Where did you hear about this job (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Newspaper (please specify) | [ ]  | Friend | [ ]  | Recruitment company | [ ]  |
|        |
| Company website | [ ]  | Other (please specify) |    |

2. Gender

What is your gender (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Male | [ ]  | Female | [ ]  |
| Intersex | [ ]  | Nonbinary | [ ]  |
| Prefer not to say | [ ]  |  |
| If you prefer to use your own gender identity, please add here:      |

3. Ethnic group

How would you describe your nationality and / or ethnicity (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A****White:** |   | **B****Mixed race:** |   | **C****Asian or Asian British:**  |   |
| British - English, Scottish or Welsh | [ ]  | White and Black Caribbean | [ ]  | Indian | [ ]  |
| Irish | [ ]  | White and Black African | [ ]  | Pakistani | [ ]  |
| Gypsy or Irish Traveller | [ ]  | White and Asian | [ ]  | Bangladeshi | [ ]  |
| Other White background | [ ]  | Other Mixed or Multiple ethnic background | [ ]  | Other Asian background | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D****Black or Black British:** |   | **E****Chinese and other groups:**  |   |   |   |
| Caribbean  | [ ]  | Chinese | [ ]  |  Other ethnic group | [ ]  |
| African  | [ ]  | Arab | [ ]  |  Prefer not to say | [ ]  |
| Other Black background | [ ]  |  |

4. Age (please tick)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16–24 | [ ]  | 25-29 | [ ]  | 30-34 | [ ]  | 35-39 | [ ]  | 40-44 | [x]  |
| 45-49 | [ ]  | 50-54 | [ ]  | 55-59 | [ ]  | 60-64 | [ ]  | 65+ | [ ]  |
| Prefer not to say | [ ]  |

5. Sexual orientation

How would you describe your sexual orientation (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / straight | [ ]  | Bisexual | [ ]  | Asexual | [ ]  |
| Gay man | [ ]  | Gay woman / lesbian | [ ]  | Prefer not to say | [ ]  |
| If you prefer to use your own identity, please add here:      |

**6. Caring responsibilities**

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

|  |  |
| --- | --- |
| Primary carer of a child/children (under 18) | [ ]  |
| Primary carer of a disabled child/children (under 18) | [ ]  |
| Primary carer of a disabled adult (over 18) | [ ]  |
| Primary carer of an older person | [ ]  |
| Secondary carer (another person carries out the main caring role) | [ ]  |
| No caring role | [ ]  |
| Prefer not to say | [ ]  |

7. Religion or belief

Please describe your religion or other strongly held belief

|  |  |
| --- | --- |
| I would describe my religion or belief as: |       |
| I have no particular religion or belief | [ ]  |
| Prefer not to say | [ ]  |

8. Disability[[1]](#footnote-1)

The Equality Act 2010 defines a disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”. An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |
| Don’t know | [ ]  | Prefer not to say | [ ]  |
| What is the effect or impact of your disability or health condition on your work? Please write in here:      |

1. 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. [↑](#footnote-ref-1)