**EQUALITIES MONITORING FORM**

**The Ripple is committed to monitoring and analysing its recruitment processes to establish if there are different success rates between genders, people of different sexual orientation, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly. Your answers will be treated confidentially and will not affect your application in any way.**

1. **Ethnic group**

Please read the list below and tick the box that most closely describes you.

|  |  |
| --- | --- |
| **White** | |
| Scottish |  |
| Other British |  |
| Irish |  |
| Other white background |  |
| **Mixed ethnic background** |  |
| **Asian, includes Asian Scottish and Asian British** | |
| Pakistani |  |
| Indian |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian Background |  |
| **Black, includes Black Scottish & Black British** | |
| African |  |
| Caribbean |  |
| Other black background |  |
| **Other ethnic background** |  |
| **Prefer not to say** |  |
| **Not known** |  |

1. **Religion or Belief or none**

Please indicate your religion or belief from the following options

|  |  |
| --- | --- |
| None |  |
| Church of Scotland |  |
| Roman Catholic |  |
| Other Christian |  |
| Muslim |  |
| Buddhist |  |
| Sikh |  |
| Jewish |  |
| Hindu |  |
| Pagan |  |
| Other |  |
| Prefer not to say |  |

1. **Transgender**

Have you ever identified as transgender?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. **Care Experience**

Have you ever been in care\*?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

\* In care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives).

1. **Sexual Orientation**

Do you consider yourself to be?

|  |  |
| --- | --- |
| Heterosexual/ Straight |  |
| Gay/ Lesbian |  |
| Bisexual |  |
| Other |  |
| Prefer not to say |  |

1. **Disability**

The information you provide in this section will help us provide an inclusive environment for disabled people, by identifying and removing barriers in our practices.

1. Do you have an impairment, health condition or learning difficulty? \*

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

        \*lasting or expected to last 12 months or more

1. If you have an impairment, health condition or learning difficulty, please select all those on the list that apply.

|  |  |
| --- | --- |
| You have a social/communication impairment such as a speech and language impairment or Asperger’s syndrome/other autistic spectrum disorder, or cognitive impairment |  |
| You are blind or have a visual impairment uncorrected by glasses |  |
| You are deaf or have a hearing impairment |  |
| You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |  |
| You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder |  |
| You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |  |
| You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |  |
| You have a disability, impairment or medical condition that is not listed above |  |
| Prefer not to say |  |