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| **EQUAL OPPORTUNITIES MONITORING FORM** | |
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**Why complete this form?**

Glasgow Council on Alcohol (GCA) aims to reflect the diverse Scottish population, therefore it is important that opportunities for employment are open to all. To help us achieve this, it is important that we obtain accurate and complete data from every applicant relating to gender, ethnicity, religion/faith, disability and other relevant details. By completing this form you will be providing us with information which we will use **in the strictest confidence** to monitor and improve the recruitment process.

**You can be assured that the information you provide in this form will be handled on a confidential basis.**

**What happens to the information you provide on this form?**

The information provided in this form is held securely in our confidential monitoring database. The data will be analysed to identify trends or shortcomings.

All information gathered will be held in the strictest confidence and applicants’ personal data will be protected.

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| **For each question in this form, you should only select one box (except for question 4 which requires you to select any that apply to you)** |

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| **Question 1 – What is your gender?** | | | | | |
|  |  |  |  |  |  |
| **Question 2 – Is your current gender different from your gender at birth?** | | | | | |
|  | Yes |  | No |  | Prefer not to say |

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| **Question 3 – What is your age group?** | | | |
| 16-24  55-64 | 25-34  35-44    65-74  75+ years |  | 45-54  Prefer not to say |

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| **Question 4 – What is your ethnic group?** | |
|  | Prefer not to say |
|  | White Gypsy/Traveller |
|  | White Irish |
|  | White Other British |
|  | White Polish |
|  | White Scottish |
|  | Mixed or multiple ethnic group |
|  | Bangladesh, Bangladeshi Scottish or Bangladeshi British |
|  | Chinese, Chinese Scottish or Chinese British |
|  | Indian, Indian Scottish or Indian British |
|  | Pakistani, Pakistani Scottish or Pakistani British |
|  | African, African Scottish or Africa British |
|  | Caribbean, Caribbean Scottish or Caribbean British |
|  | Black, Black Scottish or Black British |
|  | Arab, Arab Scottish or Arab British |
|  | Other, please write in: |  |

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| **Question 5 – What religion, religious denomination or belief do you identify yourself as?** | | | |
|  | None | | |
|  | Atheist | | |
|  | Buddhist | | |
|  | Church of Scotland | | |
|  | Hindu | | |
|  | Jewish | | |
|  | Muslim | | |
|  | Other Christian | | |
|  | Roman Catholic | | |
|  | Sikh | | |
|  | Other, please write in: | |  |
|  | Prefer not to say | | |
| **Question 6 – Which of the following options best describes how you think of yourself?** | | | |
|  | Bi-sexual (attracted to same and opposite sex) | | |
|  | Heterosexual / Straight (attracted to opposite sex only) | | |
|  | Gay or Lesbian (attracted to same sex only) | | |
|  | Other | Please input here: | |
|  | Prefer not to say | | |

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| **Question 7 – Do you need an interpreter or communication support?** | |
|  | Yes |
|  | No |
|  | Prefer not to say |

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| **Question 8 – Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?** | |
|  | Yes |
|  | No |
|  | Don’t know |
|  | Prefer not to say |

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| **Question 9 – If yes, does your condition or illness reduce your ability to carry out day-today activities?** | |
|  | No, not at all |
|  | Yes, a little |
|  | Yes, a lot |
|  | Prefer not to say |

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| **Question 10 – Does this condition or illness affect you in any of the following areas?** | |
|  | A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy) |
|  | Dexterity (for example lifting or carrying objects, using a keyboard) |
|  | Hearing (for example deafness or partial hearing) |
|  | Learning, understanding or concentrating |
|  | Memory |
|  | Mental health |
|  | Mobility (for example walking short distances or climbing stairs) |
|  | Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger’s syndrome) |
|  | Stamina, breathing or fatigue |
|  | Vision (for example partial sight or blindness) |
|  | None of the above |
|  | Prefer not to say |
|  | Other, please write in: |

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| **Question 11 – Please provide your postcode** | |
|  | Please write in: |