**Part 3**

A picture containing food, drawing

Description automatically generated**Lothian Centre for Inclusive Living**

**Equal opportunities monitoring form**

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. 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 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. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.**

Thank you for your assistance.

About the vacancy

Please state which job you have applied for and the closing date given for applications.

|  |  |
| --- | --- |
| Job applied for: | Administrator |
| Closing date for applications: | Monday 3 June 5pm. |

Where did you hear about this job?

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

Gender

What is your gender (please select appropriate box)? (If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

Gender identity

Do you identify as transgender/transsexual?

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

Ethnic group

How would you describe your nationality and/or ethnicity? (please select appropriate box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A**  **White:** | British - English, Scottish or Welsh | Irish | Other White background | |
| **B**  **Mixed race:** | White and Black Caribbean | White and Black African | White and Asian | Other Mixed background |
| **C**  **Asian or Asian British:** | Indian | Pakistani | Bangladeshi | Other Asian background |
| **D**  **Black or Black British:** | Caribbean | African | Other Black background | |
| **E**  **Chinese and other groups:** | Chinese | Other ethnic group | | |
| **Prefer not to say** |  | | | |

Age

What is your age? ( please select appropriate box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-17 |  | 18-21 |  | 22-30 |  | 31-40 |  | 41-50 |  |
| 51-60 |  | 61-65 |  | 66-70 |  | 71+ |  | Prefer not to say | |

Sexual orientation

How would you describe your sexual orientation (please select appropriate box)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual / straight |  | Bisexual | Prefer not to say |  |
| Gay man |  | Gay woman /lesbian |  | |

If you are lesbian, gay or bisexual, are you open about your sexual orientation? (please select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | | Partially | No |
| At home |  |  |  |
| With colleagues |  |  |  |
| With your manager |  |  |  |
| At work generally |  |  |  |

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 |  |

Disability

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 select appropriate box)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | | No |  |
| Used to have a disability but have now recovered |  | Don't know |  |
| Prefer not to say | | | |