

**Equal opportunities monitoring form**

Inclusion Scotland strives to make sure that everyone has equal opportunities to be involved in our work. We particularly want to make sure we are reaching all groups of disabled people. Completing this form will help us to find out if any group is under-represented. We can then take action to address this. We will only use this form for this purpose.

**People completing the form will not be personally identified.** It is helpful if you answer all the questions, but you do not have to.

Where there are checkboxes, please check the box if they apply, or you can write an answer in the ‘Other’ section. Where a question asks for an answer, please enter it at the end of that line.

**Gender**

**Please select the box below which most closely indicates the gender you currently identify as:**

Female [ ]

Male [ ]

Non-binary [ ]

Other (please specify):

**Is this different from the gender you were assigned at birth?**

Yes [ ]

No [ ]

Prefer not to say [ ]

**Age**

**Please select the box below to indicate your age range:**

16-24 ☐

25-29 ☐

30-34 ☐

35-39 ☐

40-44 ☐

45-49 ☐

50-54 ☐

55-59 ☐

60-64 ☐

65+ ☐

Prefer not to say ☐

**Disability / Long-term health**

**Do you have any of the following conditions or impairments? (you may refer to this list as disabilities and you can select more than one)**

**If you wish to, please specify your disability/long-term health condition at the end of the list.**

A physical impairment (example – cerebral palsy) [ ]

A sensory impairment (example – blind/visually impaired or deaf/hearing impaired [ ]

A mental health condition (example – anxiety or depression) [ ]

A learning difficulty (example – dyslexia or dyspraxia) ☐

A learning disability (example – down's syndrome) ☐

Any other disability or impairment ☐

Diagnosed as HIV positive or with cancer, multiple sclerosis or other long- term chronic condition [ ]

Prefer not to say [ ]

Specific disability/ long-term health condition/s:

**You are disabled under the Equality Act 2010 if you have a physical or mental impairment or condition that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.**

**Do you self-define as disabled?**

Yes ☐

No [ ]

I define myself differently in relation to disability (please say how): [ ]

Other (please specify)

**I experience (routinely or on a fluctuating basis) barriers which prevent me from making the same choices as other people, which relate to a long-term health condition or a physical, sensory or mental difference, such as:**

 Communication difficulties (example - lack of BSL, subtitling) [ ]

 Expected to use Information Technology (IT) (example - computer,

online forms) [ ]

Inaccessible materials for visual impairments [ ]

 Inaccessible materials for learning difficulties/disability [ ]

 Access issues with buildings (example - lack of level access/lifts) [ ]

 Bad attitudes or negative assumptions (example - by staff, etc.) [ ]

 A lack of awareness or understanding / inclusive practice [ ]

**Sexuality**

**Please select the box which matches your sexuality:**

Heterosexual/straight [ ]

Gay [ ]

Bi-sexual [ ]

Prefer Not To Say [ ]

Other (please say what):

**Religion/ Life stance**

**Do you consider yourself to be religious?**

Yes [ ]

No [ ]

Don’t know [ ]

Prefer Not To Say [ ]

**If you ticked ‘Yes’ or ‘Don’t know’** please indicate any religious denomination or body you belong to:

Church of Scotland [ ]

Roman Catholic [ ]

Other Christian (please specify):

Muslim [ ]

Jewish [ ]

Buddhist [ ]

Sikh [ ]

Hindu [ ]

Prefer Not To Say [ ]

Don’t know [ ]

I don’t belong to any organised religion [ ]

Another religious body (please specify):

**If you ticked “No”** would you describe yourself as any of the following:

Atheist [ ]

Agnostic [ ]

Humanist [ ]

Not sure [ ]

Other (please specify):

**Ethnicity**

**Please tell us about your ethnicity. First decide which category (A., B., C., D. or E.) best applies to you. Then look at the options in that category and indicate the one you feel best applies to you. We’ve used the ethnicity classification used for Scotland’s 2011 census.**

1. **White**

Scottish [ ]

English [ ]

Irish [ ]

Northern Irish [ ]

Welsh [ ]

British [ ]

Gypsy/ Traveller [ ]

Polish [ ]

Any other white ethnic group (please specify):

1. **Asian, Asian Scottish of Asian British**

Pakistani, Pakistani Scottish or Pakistani British [ ]

Indian, Indian Scottish or Indian British [ ]

Bangladeshi, Bangladeshi Scottish or Bangladeshi British [ ]

Chinese, Chinese Scottish or Chinese British [ ]

Other (please specify):

1. **African, Caribbean or Black**

African, African Scottish or African British [ ]

Caribbean, Caribbean Scottish or Caribbean British [ ]

Black, Black Scottish or Black British [ ]

Other (please specify):

1. **Mixed or multiple ethnic groups** [ ]

Any mixed or multiple ethnic groups (please specify):

1. **Other ethnic group**

Arab, Arab Scottish or Arab British [ ]

Other (please specify):

**Caring responsibilities**

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

None [ ]

Primary carer of a child/children (under 18) [ ]

Primary carer of disabled child/children [ ]

Primary carer of disabled adult (18 and over) [ ]

Primary carer of older person [ ]

Secondary carer (another person carries out the main caring role) [ ]

Prefer not to say [ ]

Thank you for completing this form. If there is anything else you think we should be monitoring for equality and diversity please feel free to suggest this below: