**Equal Opportunities Monitoring Form**

**Introduction**

Your cooperation in completing this form is appreciated. It has no reference marks and will be separated from your application. The information that you give is not linked to your name in any way. This form is used for monitoring and analysis purposes, not for discriminatory selection. The data is used to track the diversity of applicants, assess the effectiveness of equal opportunities policies, and improve recruitment practices.

**1. Post Applied for:**

**2. Ethnic Origin**

If you wish to classify yourself in some other way than the ones we use here, please use the additional space marked ‘other’ to do so.

I would describe my ethnic group as (Place an X in the box beside the relevant option. Choose one section from A – E):

**A. White**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish: |  | Other British: |  | Irish: | |  |  |
| Other White background (please state): | | | | |  | | |

**B. Any mixed background** (please state):

**C. Asian**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish: |  | Other British: |  | Indian: |  | Pakistani: | |  | Bangladeshi: |  |
| Chinese: |  | Other Asian background (please state): | | | | |  | | | |

**D. Black**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish: |  | Other British: |  | Caribbean: | |  | African: |  |
| Other Black background (please state): | | | | |  | | | | |

**E. Other Ethnic background** (Please state):

**F. I do not wish to disclose this** (mark X in the box if applicable):

**3. Gender**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Female: |  | Male: |  | Transgender: | | |  | Other: |  |
| I do not wish to disclose this: | | | | |  |

**4. Age**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-25: |  | 26-34: |  | 35-44: | |  | 45+: |  |
| I do not wish to disclose this: | | | | |  |

**5. Do you consider yourself to be a disabled person?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | I do not wish to disclose this: |  |

**6. What is your sexual orientation?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Asexual: | |  | Bi / pansexual: | |  | Gay / Lesbian |  | Heterosexual / straight: | | |  |
| Other: |  | | | I do not wish to disclose this: | | | | |  |

**7. Religious Belief**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agnostic: |  | Atheism/None: |  | Buddhism: |  | Christianity: |  | Hinduism: |  |
| Islam: |  | Jainism: |  | Judaism: |  | Sikhism: |  | Other |  |
| Other: |  | | | I do not wish to disclose this: | | |  |