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# Equality and Diversity Monitoring Form

You are not obliged to complete this form but you may choose to do so to help us monitor the effectiveness of our Equality & Diversity Policy. This form is not part of your application and will not be used in the selection process. Any details you choose to provide will be treated as confidential.

**1. Gender**

Which of the following best describes your gender?

[ ]  Male [ ]  Female [ ]  Prefer not to say [ ]  Other (please write in): Click or tap here to enter text.

**2. Trans Status**

Do you consider yourself to be a trans person? (Trans/Transgender is an umbrella term to describe people whose current gender is not the same as the one they were assigned at birth.)

[ ]  Yes [ ]  No [ ]  Prefer not to say

**3. Age**

In which of the following age groups do you fall?

[ ]  Under 18 [ ]  18-30 [ ]  31-40 [ ]  41-50

[ ]  51-60 [ ]  61+ [ ]  Prefer not to say

**4. Ethnic Origin**

Which one of the following best describes your ethnic origin?

White

[ ]  Scottish [ ]  English [ ]  Welsh [ ]  Irish

[ ]  Other (please write in): Click or tap here to enter text.

Mixed

[ ]  Any mixed back ground (please write in): Click or tap here to enter text.

Asian /Asian Scottish / Asian British

[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese

[ ]  Other (please write in): Click or tap here to enter text.

Black / Black Scottish / Black British

[ ]  Caribbean (please write in): Click or tap here to enter text.

[ ]  African (please write in): Click or tap here to enter text.

[ ]  Other (please write in): Click or tap here to enter text.

Other ethnic background

[ ]  Any other background (please write in): Click or tap here to enter text.

**5. Religion**

I would describe my religion or belief as:

[ ]  Buddhism [ ]  Christianity [ ]  Hinduism [ ]  Islam

[ ]  Judaism [ ]  Sikhism [ ]  None [ ]  Prefer not to say

[ ]  Other faith / belief

**6. Disability**

Do you have a physical or mental health condition of disability that has a substantial effect on your ability to carry out day-to-day activities and has lasted or is expected to last 12 months or more?

[ ]  Yes [ ]  No [ ]  Prefer not to say

**7. Sexual Orientation**

Which of the following best describes your sexual orientation?

[ ]  Bi / Bisexual [ ]  Gay / Lesbian [ ]  Heterosexual / Straight

[ ]  Prefer not to say [ ]  Other (please write in): Click or tap here to enter text.